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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

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|--------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|------------------------|-----------------|---------------------------|--|--|--|
| Entity ID Number | 2. Exact name | of the Corporation | n | | – . | | | | |
| 4701 | CONRAD | CONRAD-JARVIS, CORP. | | | | | | | |
| 3. Principal Office Address | | | City | | State | Zip | | | |
| 217 CONANT STREET | | | PAWTUCK | ET | RI | 02860 | | | |
| 4. NAICS Code | 6. Brief descri | Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 313221 | MANUFACT | MANUFACTURER OF NARROW FABRICS | | | | | | | |
| 5. State of Incorporation | | | | | | | | | |
| RHODE ISLAND | | | | | | | | | |
| 7. List ALL officers (names and | l addresses) | | | Check | the box to ir | ndicate an attachment 🔲 | | | |
| President Name WILLIAM T. JARVIS | | | Vice-President Name WILLIAM T. JARVIS | | | | | | |
| Street Address 140 BROAD STREET | | | Street Address 140 BROAD STREET | | | | | | |
| City REHOBOTH | State MA | Zip 02769 | City REHOBOTH | | State MA | State MA Zip 02769 | | | |
| Secretary Name MICHELE J. SCOGGINS | | | Treasurer Name GEORGE SCOGGINS | | | | | | |
| Street Address 186 OLD RIVER ROAD, UNIT #4 | | | Street Address 186 OLD RIVER ROAD, UNIT #4 | | | | | | |
| City LINCOLN | State RI | Z ^{ip} 02865 | City LINCOLN Sta | | State RI | tate RI Zip 02865 | | | |
| 8. List ALL directors (names an | nd addresses) | • | • | Chec | k the box to in | ndicate an attachment 🔲 | | | |
| Director Name GEORGE SCOGGINS | | | Director Name NONE | | | | | | |
| Street Address 186 OLD RIVER ROAD, UNIT #4 | | | Street Address | | | | | | |
| City LINCOLN | State RI | ^{Zip} 02865 | City | | State | Zip | | | |
| Director Name WILLIAM T. JARVIS | | | Director Name MICHELE J. SCOGGINS | | | | | | |
| Street Address 140 BROAD STREET | | | Street Address 186 OLD RIVER ROAD, UNIT #4 | | | | | | |
| City REHOBOTH | State MA | ^{Zip} 02769 | City LINCOL | .N | State RI | ^{Zip} 02865 | | | |
| 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment | | | | | | | | | |
| | | | F SHARES CLASS/SERIES PAR VALUE | | | | | | |
| Department of State. 3,750 COMM NO PA | AR VALUE | 200 | 200 COMMON | | | NONE | | | |
| Changes require an additional fi | | | | | | | | | |
| 11. This rapart must be execute | ad an habalf of the | | | | | | | | |
| This report must be execute trustee, this report must be exe | ed on behall of the faculted on hehalf of | corporation by an a | authorized repres the receiver or tr | sentative, it the corp | oration is in t | ne nands of a receiver of | | | |
| Under penalty of perjury, I de | eclare and affirm ti | hat I have examin | ed this report, i | ncluding any acco | mpanying so | chedules and | | | |
| statements, and that all state | | herein are true an | nd correct. | | 1+ . | . <u> </u> | | | |
| Name of Authorized Representative | | | | | | Date | | | |
| GEORGE SCOGGINS, TREA | | | 02/17/20 | | | | | | |
| Signature of Authorized Repres | sentative | SIGN DO | CHMENT KENE | · | | | | | |
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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