RI SOS Filing Number: 202036734520 Date: 3/24/2020 9:43:00 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAR 2? A 9:28

STAMP
FOR SECRETARY OF STATE USE ONLY

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.

1 Entity ID Number	2. Exact name of the Corporation
000085338	STITCH n TIME, INC.

3. Principal Office Address	City	State	Zip
GLOUCESTER STREET	PROVIDENCE	RI	02908

4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island
313220	EMBROIDERY
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
LOUIS GIANFRANCESCO	
Street Address: 33 GLOUCESTER STREET	Street Address
City: PROVIDENCE State: RI Zip: 02908	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
LOUIS GIANFRANCESCO	
Street Address: 33 GLOUCESTER STREET	Street Address
City: PROVIDENCE State: RI Zip: 02908	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9 Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	NONE	NO PAR VALUE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
LOUIS GIANFRANCESCO	03/20/20

Signature of Authorized Representative — SIGN DOCUMENT HERE

FILED
MAR 24 2020

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

KL 8EE4B
9:43

FORM 630 - Revised: 10/2017

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAR 2? A 9:28