



Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2020 MAR 24 A 9:28

1. Entity ID Number 85338		2. Exact name of the Corporation STITCH N TIME, INC.			
3. Principal Office Address 33 GLOUCESTER STREET		City PROVIDENCE		State RI	Zip 02908
4. NAICS Code 313220		6. Brief description of the character of business conducted in Rhode Island EMBROIDERY SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name LOUIS J. GIANFRANCESCO			Vice-President Name		
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 LOUIS J. GIANFRANCESCO			Director Name		
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			300		N/A
					PAR VALUE
					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 Louis Gianfrancesco					Date 03/20/20
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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

FILED
MAR 24 2020

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