RI SOS Filing Number: 202043712140 Date: 6/29/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED STAMP

JUN 26 2020

BY 7100 05

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
144305	**Elmwood Fashion & Services, Inc.**

3. Principal Office Address	City	State	Zip
489 Elmwood Avenue	**Providence**	**RI**	**02907**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
448110	**Clothing and accessories retail services and related matters and any other lawful business.**
5. State of Incorporation: **Rhode Island**	

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

President Name **Wilbert Tejada**			Vice-President Name **Evelyn Tejada**		
Street Address **489 Elmwood Avenue**			Street Address **489 Elmwood Avenue**		
City **Providence**	State **RI**	Zip **02907**	City **Providence**	State **RI**	Zip **02907**
Secretary Name **Evelyn Tejada**			Treasurer Name **Wilbert Tejada**		
Street Address **489 Elmwood Avenue**			Street Address **489 Elmwood Avenue**		
City **Providence**	State **RI**	Zip **02907**	City **Providence**	State **RI**	Zip **02907**

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

Director Name **None**			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

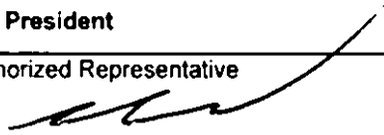
9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	**66**	**Common**	**No Par Value**

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
Wilbert Tejada, President	6/18/20

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

FORM 630 - Revised: 10/2017