

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

1 Entity ID Number 001686148		2 Exact name of the Corporation SOUTHCOAST MA WINDOW FASHIONS LTD.			
3 Principal Office Address 28 LESLIE DR			City SWANSEA		State MA Zip 02777
4 NAICS Code 442291		6 Brief description of the character of business conducted in Rhode Island WINDOW TREATMENT			
5 State of Incorporation MA					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> X1					
President Name CLAUDETTE R KASPER			Vice-President Name DAVID KASPER		
Street Address 28 LESLIE DRIVE			Street Address 28 LESLIE DRIVE		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
Secretary Name DAVID KASPER			Treasurer Name DAVID KASPER		
Street Address 28 LESLIE DRIVE			Street Address 28 LESLIE DRIVE		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CLAUDETTE R KASPER			Director Name DAVID KASPER		
Street Address 28 LESLIE DRIVE			Street Address 28 LESLIE DRIVE		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	COMMON	0.00
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 <i>Claudette R Kasper</i>					Date
Signature of Authorized Representative CLAUDETTE R KASPER					FILED

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

OCT 08 2020 KM

BY 185 FORM 630 - Revised: 10/2017

S172 SouthCoast MA Window Fashions Ltd.

83-1055437

FYE: 12/31/2019

Rhode Island Statements

Statement 1 - Form RI 630, Line 7 - Names and Addresses of Officers

Pos	First Name	Last Name	Address	City	State	Zip
1	DAVID	KASPER	28 LESLIE DRIVE	SWANSEA	MA	02777