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JAN 15 2021

BY 29679

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

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
000069571	New England Fashions, Inc.

3. Principal Office Address	City	State	Zip
25 Western Industrial Drive, #1	Cranston	RI	02921

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
315990	Costume Jewelry & Apparel Accessories Manufacturer
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Jose A. Silveira	
Street Address: 425 Meshanticut Valley Parkway, Apt. # 110	Street Address
City: Cranston; State: RI; Zip: 02920	City; State; Zip
Secretary Name	Treasurer Name: Jose A. Silveira
Street Address	Street Address: 425 Meshanticut Valley Parkway, Apt. # 110
City; State; Zip	City: Cranston; State: RI; Zip: 02920

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

Director Name	Director Name
NONE	
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

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
1,000	Common Stock	$1.00

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	Date
Jose A. Silveira	1/14/21

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