



State of Rhode Island

## 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.

FILED

JAN 20 2021

65931

1. Entity ID Number 891193		2. Exact name of the Corporation St. Pauly Textile East, Inc.												
3. Principal Office Address 1067 Gateway Drive			City Farmington	State NY	Zip 14425									
4. NAICS Code 423930	6. Brief description of the character of business conducted in Rhode Island Collection and Recycling of Used Clothing													
5. State of Incorporation New York														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Joseph R. DeGeorge			Vice-President Name Joseph R. Howlett											
Street Address 1067 Gateway Drive			Street Address 1067 Gateway Drive											
City Farmington	State NY	Zip 14425	City Farmington	State NY	Zip 14425									
Secretary Name Benjamin W. DeGeorge			Treasurer Name Joseph R. Howlett											
Street Address 1067 Gateway Drive			Street Address 1067 Gateway Drive											
City Farmington	State NY	Zip 14425	City Farmington	State NY	Zip 14425									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>None</td> <td>\$0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	None	\$0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	None	\$0												
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 Joseph Howlett				Date 1/15/21										
Signature of Authorized Representative 														