



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2021  
Corporation

FEB 04 2021  
BY 3530  
QQ

- 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 <u>000034273</u>		2. Exact name of the Corporation <u>ROYAL MALE, LTD</u>	
3. Principal Office Address <u>104 SPRING ST</u>		City <u>NEWPORT</u>	State <u>RI</u>
		Zip <u>02840</u>	
4. NAICS Code <u>448190</u>	6. Brief description of the character of business conducted in Rhode Island <u>RETAIL CLOTHING</u>		
5. State of Incorporation <u>4/26/85</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>PETER MAURICE DE LA VALETTE</u>		Vice-President Name <u>ETIENNE DE LA VALETTE</u>	
Street Address <u>18 2ND ST</u>		Street Address <u>37 DIVISION ST</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>NEWPORT</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Secretary Name <u>LYNN DE LA VALETTE</u>		Treasurer Name <u>LYNN DE LA VALETTE</u>	
Street Address <u>18 2ND ST</u>		Street Address <u>18 2ND ST</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>NEWPORT</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>PETER MAURICE DE LA VALETTE</u>		Director Name <u>ETIENNE DE LA VALETTE</u>	
Street Address <u>18 2ND ST</u>		Street Address <u>37 DIVISION ST</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>NEWPORT</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Director Name <u>LYNN DE LA VALETTE</u>		Director Name	
Street Address <u>18 2ND ST</u>		Street Address	
City <u>NEWPORT</u>	State <u>RI</u>	City	State
Zip <u>02840</u>		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>600</u>	<u>COMMON</u>
			<u>NO PAR</u>
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 <b>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.</b>			
Name of Authorized Representative <u>LYNN DE LA VALETTE</u>		Date <u>1/29/21</u>	
Signature of Authorized Representative <u>Lynn de La Valette</u>			