



State of Rhode Island

## Department of State - Business Services Division

FILED

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.

FEB 04 2021

BY

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

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov