



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.

STAMP

SECRETARY OF STATE
R.I. ONLY

| | | | | | |
|---|-------------|--|---|-------------------|--------------|
| 1. Entity ID Number 000034291 | | 2. Exact name of the Corporation Prestige Manufacturing, Inc. | | | |
| 3. Principal Office Address 171 Frenchtown Road | | City North Kingstown | | State RI | Zip 02852 |
| 4. NAICS Code 339900 | | 6. Brief description of the character of business conducted in Rhode Island Advertising Specialty Promotional Products. | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Donna J. Sabitoni | | | Vice-President Name Donna J. Sabitoni | | |
| Street Address 171 Frenchtown Road | | | Street Address 171 Frenchtown Road | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Donna J. Sabitoni | | | Treasurer Name Donna J. Sabitoni | | |
| Street Address 171 Frenchtown Road | | | Street Address 171 Frenchtown Road | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Donna J. Sabitoni | | | Director Name | | |
| Street Address 171 Frenchtown Road | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | 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 <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | Common | No Par Value |
| | | | | | |
| 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 Donna J. Sabitoni | | | | Date 1/23/2021 | |
| Signature of Authorized Representative | | | | | |

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

FEB 04 2021

BY 9X399
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FORM 630 - Revised: 08/2020