



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

FEB 17 2021

RV 3751

1. Exact name of the Corporation <u>702 593</u>		2. Exact name of the Corporation <u>Crafts RI Inc.</u>	
3. Principal Office Address <u>212 Westminster St.</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>453220</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail shop selling handmade artisanal goods</u>	
5. State of Incorporation <u>RI</u>		Zip <u>02903</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Margaret Carleton</u>		Vice-President Name	
Street Address <u>54 Dexter St.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City <u>02909</u>	State <u>RI</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
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 <u>Margaret Carleton</u>			Date <u>1.6.2021</u>
Signature of Authorized Representative <u>Margaret Carleton</u>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov