RI SOS Filing Number: 202192406350 Date: 2/19/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 19 2021 STAMP
BY 23528 PS

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.

1. Entity ID Number	2. Exact name of the Corporation			
1681217	Fabrication Studio, Inc.			
3. Principal Office Address		City	State	Zip
15 Kardway Street		Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541490	Custom window treatments and soft furnishings.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Nicole Nomer			Vice-President Name: None		
Street Address: 15 Kardway Street			Street Address:		
City: Wakefield	State: RI	Zip: 02879	City:	State:	Zip:
Secretary Name: Nicole Nomer			Treasurer Name: Nicole Nomer		
Street Address: 15 Kardway Street			Street Address: 15 Kardway Street		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	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	Date
Nicole Nomer	2/16/21 , 2021

Signature of Authorized Representative: Nicole Nomer — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017