



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

MAR 01 2021

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40214

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 7229		2. Exact name of the Corporation Fabric Connection of Newport, Inc.												
3. Principal Office Address 741 East Main Road			City Middletown		State RI									
					Zip 02842									
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island Wholesale and retail sale of home furnishings and decorative fabrics												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Jennifer G. O'Neill			Vice-President Name Jennifer G. O'Neill											
Street Address 116 Forand Lane			Street Address 116 Forand Lane											
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878									
Secretary Name Jennifer G. O'Neill			Treasurer Name Jennifer G. O'Neill											
Street Address 116 Forand Lane			Street Address 116 Forand Lane											
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	common	no par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	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 Jennifer G. O'Neill					Date 2-16-21									
Signature of Authorized Representative <i>JG O'Neill</i>														

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov