RI SOS Filing Number: 202193575190 Date: 3/3/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
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 STAMP
MAR 03 2021
BY 41064-DS

1. Entity ID Number	2. Exact name of the Corporation
000070459	**IMAGE SPORTSWEAR, INC.**

3. Principal Office Address	City	State	Zip
22 Partridge Street	**Providence**	**RI**	**02908**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
323113	**To design and aid in the manufacturing of wearing apparel; to perform textile screenprinting.**
5. State of Incorporation: **Rhode Island**	

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

President Name: **Charles A. Calverley, III**	Vice-President Name: **Charles A. Calverley, III**
Street Address: **116 TJ Drive**	Street Address: **116 TJ Drive**
City: **Seekonk** State: **MA** Zip: **02771**	City: **Seekonk** State: **MA** Zip: **02771**
Secretary Name: **Charles A. Calverley, III**	Treasurer Name: **Charles A. Calverley, III**
Street Address: **116 TJ Drive**	Street Address: **116 TJ Drive**
City: **Seekonk** State: **MA** Zip: **02771**	City: **Seekonk** State: **MA** Zip: **02771**

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

Director Name: **Charles A. Calverley, III**	Director Name: **Charles A. Calverley, III**
Street Address: **116 TJ Drive**	Street Address: **116 TJ Drive**
City: **Seekonk** State: **MA** Zip: **02771**	City: **Seekonk** State: **MA** Zip: **02771**
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	**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
Charles A. Calverley, III	1/18/2021

Signature of Authorized Representative: 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