



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number 001699150		2. Exact name of the Corporation Bodd's Standard Fasteners, Inc.	
3. Principal Office Address 53 Victory Street		City Cranston	State RI
4. NAICS Code 314999		6. Brief description of the character of business conducted in Rhode Island Sewing of clothes.	
5. State of Incorporation RI		Zip 02910	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Bertha Bodd		Vice-President Name	
Street Address 53 Victory Street		Street Address	
City Cranston	State RI	City	State
Zip 02910		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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	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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES \$0.0200	CLASS/SERIES 65
		PAR VALUE 0	
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 Bertha Bodd		Date 7-22-21	
Signature of Authorized Representative [Signature]			

FILED

JUL 2 2021

BY

06042  
9.58

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised 08/2020