RI SOS Filing Number: 202327094560 Date: 1/31/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JAN 31 2023
BY 9681

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
94959	THURSTON CANVAS, INC.			
3. Principal Office Address		City	State	Zip
112 Tupelo Street		Bristol	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
314910	Manufacturing and sale of canvas and canvas products			
5. State of Incorporation				
RI				

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

President Name: Steven K. Thurston			Vice-President Name: Neil Thurston		
Street Address: 112 Tupelo Street			Street Address: 112 Tupelo Street		
City: Bristol	State: RI	Zip: 02809	City: Barrington	State: RI	Zip: 02806
Secretary Name: Steven K. Thurston			Treasurer Name: Steven K. Thurston		
Street Address: 112 Tupelo Street			Street Address: 112 Tupelo Street		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

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

Director Name: Steven K. Thurston			Director Name: None		
Street Address: 112 Tupelo Street			Street Address:		
City: Bristol	State: RI	Zip: 02809	City:	State:	Zip:
Director Name: None			Director Name: None		
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 ☐

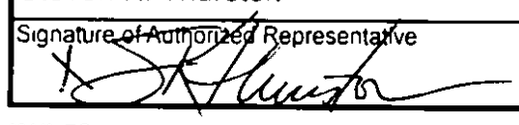
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

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	Date
Steven K. Thurston	

Signature of Authorized Representative



MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021