



State of Rhode Island

## Department of State - Business Services Division

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.

FEB 06 2023 TA 02

2843

1. Entity ID Number 33436		2. Exact name of the Corporation Teddy Bearskins, Inc.			
3. Principal Office Address 17 Brown Street		City Wickford		State RI	Zip 02852
4. NAICS Code 448130		6. Brief description of the character of business conducted in Rhode Island Retail business selling children's clothing			
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 Debra Semple			Vice-President Name Tiffany L. Semple		
Street Address 183 Rollingwood Drive			Street Address 183 Rollingwood Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Robert Semple			Treasurer Name Robert Semple		
Street Address 183 Rollingwood Drive			Street Address 183 Rollingwood Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Robert Semple			Director Name Debra Semple		
Street Address 183 Rollingwood Drive			Street Address 183 Rollingwood drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		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. <b>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.</b>					
Name of Authorized Representative Debra Semple				Date	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021