



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.

MAR 07 2023

90407

1. Entity ID Number 891193		2. Exact name of the Corporation St. Pauly Textile East, Inc.			
3. Principal Office Address 1067 Gateway Drive		City Farmington		State NY	Zip 14425
4. NAICS Code 423930		6. Brief description of the character of business conducted in Rhode Island Collection and Recycling of Used Clothing			
5. State of Incorporation New York					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph R. DeGeorge			Vice-President Name Joseph R. Howlett		
Street Address 1067 Gateway Drive			Street Address 1067 Gateway Drive		
City Farmington	State NY	Zip 14425	City Farmington	State NY	Zip 14425
Secretary Name Benjamin W. DeGeorge			Treasurer Name Joseph R. Howlett		
Street Address 1067 Gateway Drive			Street Address 1067 Gateway Drive		
City Farmington	State NY	Zip 14425	City Farmington	State NY	Zip 14425
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200	None	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 Joseph Howlett, U.P.				Date 3/3/23	
Signature of Authorized Representative 					

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: 2/2023