



RI SOS, State of Rhode Island

Filing Number: 202336435370

Date: 5/31/2023 12:13:00 PM

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.

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

2023 MAY 31 12:10

1. Entity ID Number 000020139	2. Exact name of the Corporation RHODE ISLAND TEXTILE COMPANY
3. Principal Office Address 147 BEAVERTAIL ROAD	City JAMESTOWN State RI Zip 02835
4. NAICS Code 313310	6. Brief description of the character of business conducted in Rhode Island Manufacturing braided narrow fabrics & wholesale distribution of pet products.
5. State of Incorporation RI	

7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name GLENDON M. ELLIOTT II	Vice-President Name		
Street Address 147 BEAVERTAIL ROAD	Street Address		
City JAMESTOWN State RI Zip 02835	City	State	Zip
Secretary Name CAROLINE R. ELLIOTT	Treasurer Name GLENDON M. ELLIOTT II		
Street Address 147 BEAVERTAIL ROAD	Street Address 147 BEAVERTAIL ROAD		
City JAMESTOWN State RI Zip 02835	City JAMESTOWN State RI Zip 02835		

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	City	State	Zip
Director Name	Director Name		
Street Address	Street Address		
City	City	State	Zip

9. Shares Authorized	10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.	Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	3877	CWP/B	\$10.0000
	1292	CWP/A	\$10.0000

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 GLENDON M. ELLIOTT	Date 5/30/23
Signature of Authorized Representative <i>Glendon M. Elliott</i>	FILED

MAY 31 2023

BY WC&AA 12:13

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov