



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

Corporation _____

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2024 JAN - 9 P 12: 52

1. Entity ID Number 1700452		2. Exact name of the Corporation Samuel & Sons Passementerie, Inc.			
3. Principal Office Address 983 Third Avenue		City New York		State NY	Zip 10022
4. NAICS Code 423990	6. Brief description of the character of business conducted in Rhode Island sales of trimming for home furnishings				
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 Samuel M Cohen			Vice-President Name		
Street Address 983 Third Avenue			Street Address		
City New York	State NY	Zip 10022	City	State	Zip
Secretary Name Hy S Cohen			Treasurer Name Michael S. Cohen		
Street Address 983 Third Avenue			Street Address 983 Third Avenue		
City New York	State NY	Zip 10022	City New York	State NY	Zip 10022
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Samuel M Cohen			Director Name Michael S. Cohen		
Street Address 983 Third Avenue			Street Address 983 Third Avenue		
City	State NY	Zip 10022	City New York	State NY	Zip 10022
Director Name Hy S Cohen			Director Name		
Street Address 983 Third Avenue			Street Address		
City New York	State NY	Zip 10022	City	State	Zip
9. Shares Authorized		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	Class A/Voting	\$.01 per share	
		20,000	Class B/Non-Voting	\$.01 per share	
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 Hy S Cohen					Date 1/8/24
Signature of Authorized Representative 					BY <u>29485</u>

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov