



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

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

JAN 25 2024
 BY *[Signature]*

1. Entity ID Number 94959		2. Exact name of the Corporation THURSTON CANVAS, INC.			
3. Principal Office Address 112 Tupelo Street		City Bristol	State RI	Zip 02809	
4. NAICS Code 314910	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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			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/SERIFS	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 Steven K. Thurston				Date 01.05.2024	
Signature of Authorized Representative <i>[Signature]</i>					