State of Rhode Island
Department of State - Business Services Division

FILED
FEB 23 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
1717572	WALT'S CLOTHING INCORPORATED

3. Principal Office Address	City	State	Zip
837 CUMBERLAND HILL ROAD	WOONSOCKET	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
448110	RETAIL SALES OF CLOTHING
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
KAREN LEPINE	1207 MANVILLE ROAD	WOONSOCKET	RI	02895

Vice-President Name	Street Address	City	State	Zip
KAREN LEPINE	1207 MANVILLE ROAD	WOONSOCKET	RI	02895

Secretary Name	Street Address	City	State	Zip
KAREN LEPINE	1207 MANVILLE ROAD	WOONSOCKET	RI	02895

Treasurer Name	Street Address	City	State	Zip
KAREN LEPINE	1207 MANVILLE ROAD	WOONSOCKET	RI	02895

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
KAREN LEPINE	1207 MANVILLE ROAD	WOONSOCKET	RI	02895

9. Shares Authorized — 10. Shares issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR

*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	Date
KAREN LEPINE	2/20/2024

Signature of Authorized Representative

/s/ Karen A Lepine

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: 11/2021