RI SOS Filing Number: 202447594270 Date: 2/26/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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.

STAMP

FEB 26 2024

FOR SECRETARY OF STATE

7302

1. Entity ID Number	2. Exact name of the Corporation
10387	Sew & Vac Shack, Inc.

3. Principal Office Address	City	State	Zip
1704 Mineral Spring Avenue	North Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423830	Buying, selling, and repairing sewing and vacuum cleaners.
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
John St. Pierre	
Street Address: 1704 Mineral Spring Avenue	Street Address
City: North Providence / State: RI / Zip: 02904	City / State / Zip
Secretary Name: John St. Pierre	Treasurer Name
Street Address: 1704 Mineral Spring Avenue	Street Address
City: North Providence / State: RI / Zip: 02904	City / State / Zip

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

Director Name	Director Name
John St. Pierre	
Street Address: 1704 Mineral Spring Avenue	Street Address
City: North Providence / State: RI / Zip: 02904	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized

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

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	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: John St. Pierre

Date: 2-24-24

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: 11/2021