



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.

FILED
APR 23 2024
BY 131813

1. Entity ID Number 000069571		2. Exact name of the Corporation New England Fashions Inc.			
3. Principal Office Address 25 Western Industrial Drive			City Cranston	State RI	Zip 02921
4. NAICS Code 315990		6. Brief description of the character of business conducted in Rhode Island COSTUME JEWELRY AND APPAREL ACCESSORIES MANUFACTURER.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose A. Silveira			Vice-President Name Jose A. Silveira		
Street Address 455 Meshanticut Valley Parkway ^{311A} *			Street Address 455 Meshanticut Valley Parkwa ^{311A}		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Jose A. Silveira			Treasurer Name Jose A. Silveira		
Street Address 455 Meshanticut Valley Parkway A ^{311A}			Street Address 455 Meshanticut Valley Parkwa		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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/STRIKES
			1000	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 Jose A. Silveira				Date 01/02/2024	
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