

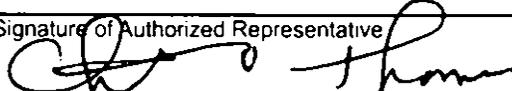


State of Rhode Island
Department of State - Business Services Division

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.

MAY 01 2024
 17578 *RT*

1. Entity ID Number 000008404		2. Exact name of the Corporation DRAPERY HOUSE, INC.			
3. Principal Office Address 1307 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 442291		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING AND SELLING DRAPERIES AND ASSOCIATED HOUSEHOLD FURNISHINGS.			
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 ROBERT A. THOMAS			Vice-President Name VACANT		
Street Address 1307 MINERAL SPRING AVENUE			Street Address		
City NO. PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name ALBERT W. THOMAS			Treasurer Name CHRISTOPHER W. THOMAS		
Street Address 1307 MINERAL SPRING AVENUE			Street Address 1307 MINERAL SPRING AVENUE		
City NO. PROVIDENCE	State RI	Zip 02904	City NO. PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT A. THOMAS			Director Name CHRISTOPHER W. THOMAS		
Street Address 1307 MINERAL SPRING AVENUE			Street Address 1307 MINERAL SPRING AVENUE		
City NO. PROVIDENCE	State RI	Zip 02904	City NO. PROVIDENCE	State RI	Zip 02904
Director Name ALBERT W. THOMAS			Director Name		
Street Address 1307 MINERAL SPRING AVENUE			Street Address		
City NO. PROVIDENCE	State RI	Zip 02904	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		CLASSIFICATION
			100		PAR VALUE
			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 CHRISTOPHER W. THOMAS, TREASURER					Date 04/24/2024
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