



State of Rhode Island  
**Department of State - Business Services Division**

MAY 01 2024  
 STAMP  
 13744

**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 <b>000104857</b>		2. Exact name of the Corporation <b>CONTRAK DRAPERIES MFG. CO., INC.</b>			
3. Principal Office Address <b>1307 MINERAL SPRING AVENUE</b>		City <b>NORTH PROVIDENCE</b>		State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>442291</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURING AND SELLING DRAPERIES AND ASSOCIATED HOUSEHOLD FURNISHINGS.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ROBERT A. THOMAS</b>			Vice-President Name <b>VACANT</b>		
Street Address <b>1307 MINERAL SPRING AVENUE</b>			Street Address		
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>ALBERT W. THOMAS</b>			Treasurer Name <b>CHRISTOPHER W. THOMAS</b>		
Street Address <b>1307 MINERAL SPRING AVENUE</b>			Street Address <b>1307 MINERAL SPRING AVENUE</b>		
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ROBERT A. THOMAS</b>			Director Name <b>CHRISTOPHER W. THOMAS</b>		
Street Address <b>1307 MINERAL SPRING AVENUE</b>			Street Address <b>1307 MINERAL SPRING AVENUE</b>		
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>ALBERT W. THOMAS</b>			Director Name		
Street Address <b>1307 MINERAL SPRING AVENUE</b>			Street Address		
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SE RIF S	
		PAR VALUE			
		<b>600</b>		<b>COMMON</b>	
				<b>NO PAR VALUE</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>CHRISTOPHER W. THOMAS, TREASURER</b>				Date <b>04/24/2024</b>	
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