



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
STAMP
13744

1. Entity ID Number 000104857		2. Exact name of the Corporation CONTRAK DRAPERIES MFG. CO., 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			
		CLASS/STRIKES			
		600		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

FORM 630 - Revised: 2/2023