



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

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

FEB 05 2025 STAMP

BY 7308 STATE

AA

1. Entity ID Number 10387		2. Exact name of the Corporation Sew & Vac Shack, Inc.												
3. Principal Office Address 1704 Mineral Spring Avenue			City North Providence		State RI									
4. NAICS Code 423830			6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>														
President Name John St. Pierre			Vice-President Name											
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 John St. Pierre											
Street Address 1704 Mineral Spring Avenue			Street Address 1704 Mineral Spring Avenue											
City North Providence	State RI	Zip	City North Providence	State RI	Zip 02904									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name John St. Pierre			Director Name											
Street Address 1704 Mineral Spring Avenue			Street Address											
City North Providence	State RI	Zip	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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	Common	No Par			
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 2-1-25										
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