State of Rhode Island

Department of State - Business Services Division

FILED

FEB 05 2025 STAMP

BY 7308 + STATE

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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.

1. Entity ID Number	2. Exact name of the Corporation		
10387	Sew & Vac Shack, Inc.		
3. Principal Office Address	City	State	Zip
1704 Mineral Spring Avenue	North Providence	RI	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
423830	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 ☐

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 ☐

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 ☐

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	Date
John St. Pierre	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

FORM 630 - Revised: 11/2021