State of Rhode Island

Department of State - Business Services Division

FILED
FEB 24 2025 1:1P
BY

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			
34291	Prestige Manufacturing, Inc.			
3. Principal Office Address		City	State	Zip
7 Main Street, Suite 1C		North Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339900				
5. State of Incorporation	Advertising Specialty Promotional Products.			
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Donna J. Sabitoni			Vice-President Name: Donna J. Sabitoni		
Street Address: 7 Main Street, Suite 1C			Street Address: 7 Main Street, Suite 1C		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Donna J. Sabitoni			Treasurer Name: Donna J. Sabitoni		
Street Address: 7 Main Street, Suite 1C			Street Address: 7 Main Street, Suite 1C		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Donna J. Sabitoni			Director Name		
Street Address: 7 Main Street, Suite 1C			Street Address		
City: North Kingstown	State: RI	Zip: 02852	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
100	COMMON	NONE

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
DONNA J. SABITONI, PRESIDENT	2/06/2025

Signature of Authorized Representative: ✓ Donna J. Sabitoni

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