

**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 26 2025**

**BY**

1 Entity ID Number 001686148		2 Exact name of the Corporation SOUTHCOAST MA WINDOW FASHIONS LTD.			
3 Principal Office Address 70 WEST ST			City W BRIDGEWATER		State MA
			Zip 02379		
4 NAICS Code 449122		6 Brief description of the character of business conducted in Rhode Island WINDOW TREATMENT			
5 State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name CLAUDETTE R KASPER			Vice-President Name DAVID KASPER		
Street Address 70 WEST ST			Street Address 70 WEST ST		
City W BRIDGEWATER	State MA	Zip 02379	City W BRIDGEWATER	State MA	Zip 02379
Secretary Name DAVID KASPER			Treasurer Name DAVID KASPER		
Street Address 70 WEST ST			Street Address 70 WEST ST		
City W BRIDGEWATER	State MA	Zip 02379	City W BRIDGEWATER	State MA	Zip 02379
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name CLAUDETTE R KASPER			Director Name DAVID KASPER		
Street Address 70 WEST ST			Street Address 70 WEST ST		
City W BRIDGEWATER	State MA	Zip 02379	City W BRIDGEWATER	State MA	Zip 02379
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10 Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			COMMON		
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					Date
Signature of Authorized Representative David KASPER					2-24-25

**MAIL TO:**

**Division of Business Services**

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov