



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
MAR 05 2025
BY 263202

1. Entity ID Number 1681217		2. Exact name of the Corporation Fabrication Studio, Inc.												
3. Principal Office Address 15 Kardway Street			City Wakefield	State RI	Zip 02879									
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island Custom window treatments and soft 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 Nicole Nomer			Vice-President Name None											
Street Address 15 Kardway Street			Street Address											
City Wakefield	State RI	Zip 02879	City	State	Zip									
Secretary Name Nicole Nomer			Treasurer Name Nicole Nomer											
Street Address 15 Kardway Street			Street Address 15 Kardway Street											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	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.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">1000</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	No Par Value			
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		1000	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 Nicole Nomer				Date 3/2 , 2025										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov