

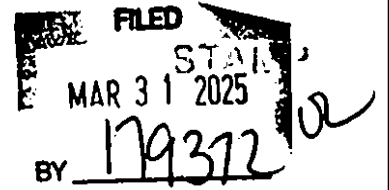


State of Rhode Island
Department of State - Business Services Division

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.



1. Entity ID Number 160198		2. Exact name of the Corporation Natco Home Fashions, Inc.			
3. Principal Office Address 155 Brookside Avenue		City West Warwick		State RI	Zip 02893
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Other miscellaneous non-durable goods, home textiles, wholesaler			
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 Michael Litner			Vice-President Name Michael Bucci		
Street Address 155 Brookside Avenue			Street Address 155 Brookside Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Steven I. Rosenbaum			Treasurer Name Michael Bucci		
Street Address 30 Exchange Terrace			Street Address 155 Brookside Avenue		
City Providence	State RI	Zip 02903	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Litner			Director Name Ellen Kenner		
Street Address 155 Brookside Avenue			Street Address 155 Brookside Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100	Vot	No Par Value	
		50,000	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 Michael D'Orsi					Date 3/25/25
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