



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

MAY 02 2025
BY DEPT OF STATE
2025 MAY - 2 3:29

1. Entity ID Number 000115021		2. Exact name of the Corporation CAROLINA SEAL AND QUILT INC			
3. Principal Office Address 132 HERB LEVY ROAD			City MARION	State SC	Zip 29571
4. NAICS Code 339900		6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE, PRODUCE, PROCESS, FABRICATE, BUY, SELL AND OTHERWISE HANDLE AND DEAL IN AND WITH VINYLE MATERIAL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ROBERT C JACOBS			Vice-President Name TIM BASS		
Street Address 619 WAHEE ROAD			Street Address 1948 S HWY 501		
City MARION	State SC	Zip 29571	City MARION	State SC	Zip 29571
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 ROBERT C JACOBS					Date 4/22/2025
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov