State of Rhode Island
Department of State - Business Services Division

FILED
MAY 02 2025
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BY
2025 MAY -2

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			
000115021	CAROLINA SEAL AND QUILT INC			
3. Principal Office Address		City	State	Zip
132 HERB LEVY ROAD		MARION	SC	29571
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339900	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			Vice-President Name		
ROBERT C JACOBS			TIM BASS		
Street Address			Street Address		
619 WAHEE ROAD			1948 S HWY 501		
City	State	Zip	City	State	Zip
MARION	SC	29571	MARION	SC	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
400	COMMON	$1 PAR

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
ROBERT C JACOBS	4/22/2025

Signature of Authorized Representative

Robert Jacobs

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: 12/2023