



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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2023 MAR 13 PH 4:24

- 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 <b>000121937</b>		2. Exact name of the Corporation <b>HB CLOTHING, INC.</b>			
3. Principal Office Address <b>359 SOUTH MAIN STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>448150</b>		6. Brief description of the character of business conducted in Rhode Island <b>CLOTHING SALES &amp; ACCESSORIES</b>			
5. State of Incorporation <b>RI</b>					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
President Name <b>HEIDI BRANLEY-KELLER</b>			Vice-President Name		
Street Address <b>100 LEONARD AVE.</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>COMMON</b>	<b>\$0.00</b>
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 <b>HEIDI BRANLEY-KELLER</b>					Date <b>03/01/2023</b>
Signature of Authorized Representative 					

MS FILE: 843  
APR 24 2023  
BY SR123

MAIL TO:  
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