



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 53245		2. Name of Corporation RUG REVIVAL CARPET CLEANERS, INC.	
3. Street Address Principal Business Office 89 SPICE BUSH TRAIL		City NARRAGANSETT	State R.I.
4. Business Phone No. 401-783-3071		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name WILLIAM INGRAM		Vice President Name NONE	
Street Address 89 SPICE BUSH TRAIL		Street Address	
City NARRAGANSETT	State R.I.	City	State
Zip 02882		Zip	
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name WILLIAM INGRAM		Director Name	
Street Address 89 SPICE BUSH TRAIL		Street Address	
City NARRAGANSETT	State R.I.	City	State
Zip 02882		Zip	
Director Name MAXINE INGRAM		Director Name	
Street Address 89 SPICE BUSH TRAIL		Street Address	
City NARRAGANSETT	State R.I.	City	State
Zip 02882		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
2,000	NO PAR VALUE		
		Number of Shares	Class/Series
		NONE	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			

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.

FILED	
File Date	JAN 24 2008
Check No.	1517
By	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: William Ingram Date: 1-22-08
Print or Type Name: WILLIAM INGRAM
Title: PRESIDENT