



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. <b>134055</b>		2. Name of Corporation <b>PARAMOUNT RUG COMPANY, INC.</b>			
3. Street Address Principal Business Office <b>430 WEST STREET</b>			City <b>BROCKTON</b>	State <b>MA</b>	Zip <b>02301</b>
4. Business Phone No. <b>508-583-5022</b>		5. State of Incorporation <b>MASSACHUSETTS</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>INSTALLING FLOORING MATERIAL</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>GREGORY KASHGAGIAN</b>			Vice President Name <b>CHRIS KASHGAGIAN</b>		
Street Address <b>11 LINCOLN STREET</b>			Street Address <b>52 YARMOUTH AVENUE</b>		
City <b>LAKEVILLE</b>	State <b>MA</b>	Zip <b>02346</b>	City <b>BROCKTON</b>	State <b>MA</b>	Zip <b>02301</b>
Secretary Name <b>ARA MANOOGIAN</b>			Treasurer Name <b>ROGER L. GRINDLE</b>		
Street Address <b>453 PLYMOUTH STREET</b>			Street Address <b>737 HARVARD STREET</b>		
City <b>WHITMAN</b>	State <b>MA</b>	Zip <b>02382</b>	City <b>EAST BRIDGEWATER</b>	State <b>MA</b>	Zip <b>02333</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>GREGORY KASHGAGIAN</b>			Director Name <b>IRA KASHGAGIAN</b>		
Street Address <b>11 LINCOLN STREET</b>			Street Address <b>211 FAIRVIEW AVENUE</b>		
City <b>LAKEVILLE</b>	State <b>MA</b>	Zip <b>02346</b>	City <b>BROCKTON</b>	State <b>MA</b>	Zip <b>02301</b>
Director Name <b>CHRIS KASHGAGIAN</b>			Director Name		
Street Address <b>52 YARMOUTH AVENUE</b>			Street Address		
City <b>BROCKTON</b>	State <b>MA</b>	Zip <b>02301</b>	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100</b>	<b>NO PAR VALUE</b>		<b>100</b>	<b>N/A</b>	<b>NPV</b>

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 **FEB 06 2008**

Check No. By **DS 23204**

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.

*Gregory Kashgagian* 1-24-08  
Signature Date

**GREGORY KASHGAGIAN**  
Print or Type Name

**PRESIDENT**  
Title