

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 200 401.222.

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.

MW (K.I.G.L. /-3.2-3.501(CG2	a)) is subject to the	114y yee by \$25.00.				
1. Corporate ID No.		2. Name of Corporation J PAL CARPET OUTLET INC				
3. Street Address Principal Business Office 1874 FALL RIVER AVE			SEEKONK	State MA	Ζίρ 02771	
		5. State of Incorporat MASSACHUS				
6. Brief Description of the Charc RETAIL FLOOR COVE	acter of Business Conducte RING	ed in Rhode Island				
7. NAMES AND ADDRES	SES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
JOHN FURTADO Street Address 485 CEDAR AVE			N/A Street Address			
						SWANSEA
Secretary Name N/A			Treasurer Name N/A			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRES	 SES OF THE DIREC	TORS: ("X" BOX FOR		SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name			
N/A			: N/A : Street Address			
reet Address		sueer naaress				
СПу	State	Zip	City	State	Zip	
Director Name N/A			Director Name N/A			
Street Address			Street Address			
City	State	Zφ	City	State	Zip	
9. SHARES AUTHORIZE	D ("X" BOX FOR A	 ATTACHMENT) [("X" BOX FOR ATTAC CTION MUST BE COMPLETED	, <u> </u>	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
N/A	Creacoures	7.07 3.001	K	GARCO SEVIES	7 th vante	
	<u> </u>					
This report must be executhis report must be execu			orized representative. If the civer or trustee.	corporation is in the hand	ds of a receiver or trustee,	
riie Daie	.ED 5 2009		including any acco		that I have examined this reptatements, and that all statements.	
By: By FOR SECRETARY O	Diolo		Print or Type Name Title	i Furt	ado Form 630 Rev. 12/06	
					Form 630 Rev. 12/06	