

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __ 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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 negative of \$25.00.

1. Corporate ID No. 14580	2. Name of Corp	2. Name of Corporation The Karpet Klinic, Inc.				
3. Street Address Principal Business Office 194 Gansett Avenue			City Cranston	State RI	<i>Ζψ</i> 02910	
4 Business Phone No. 5. State of Incorpora. 401-942-6530 RHODE ISLA					***************************************	
	haructer of Business Conduc INSTALLING OF CA			* antidiore - ch	****	
7. NAMES AND ADDI	RESSES OF THE OFFI	CERS: ("X" BOX FOR A	TTACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Michael W. Pirolli			Michael W. Pirolli			
Street Address			Street Address			
111 Mystery Farm	Road		111 Mystery Farm Road			
City	State	Zip	City	State	Zip	
Cranston	RI	02921	Cranston	RI	02921	
Secretary Name William E. Pirolli			Treasurer Name Michael W. Pirolli			
Street Address			Street Address			
117 Metro Center Boulevard, Suite 3000			111 Mystery Farm Road			
Citp	State	Zip	City	State	Zip	
Warwick	RI	02886	Cranston	RI	02921	
B. NAMES AND ADDR	RESSES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) [FILL II	N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name			
None			None			
Street Address			Street Address			
City	State	Zip	City	Sente	726	
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Director Name			Director Name			
None			None			
Street Address			Street Address			
			Street Address			
ïty	State	Zip	Gity	State	Zip	
). SHARES AUTHORIZ	ZED ("X" BOX FOR A	 ATTACHMENT)∵□	10. SHARES ISSUED	("X" BOX FOR ATTACI	GMENT) \square	
AUTHORIZED SHARES	(== ==================================		ISSUED SHARES	(A BOA FOR ALYMOI		
iumber of Shares	Class Sories	Par Value	Number of Shares	Class/Series	Pai Value	
600 Common No Par Value			200	Common	No Par Value	
			200	Common	No car value	
his report must be exe	ecuted on behalf of the	corporation by an autho	rized representative. If the c	ornoration is in the hands	of a receiver or truct	
	cuted on behalf of the			r		

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 1-27-09	Michael brein are tirue and correct Michael Vitroll
Check No	Signature Date Michael W. Pirolli
By:	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President Title