



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 02904-2611
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. <u>000153142</u>	2. Name of Corporation <u>AQUINUCK HOORING COMPANY</u>		
3. Street Address Principal Business Office <u>37 ELMWOOD AVE</u>		City <u>Middletown</u>	State <u>RI</u>
4. Business Phone No. <u>401-857-1212</u>		5. State of Incorporation <u>Rhode Island</u>	

5. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Gregory DeAscentis</u>			Vice President Name <u>Laura DeAscentis</u>		
Street Address <u>37 ELMWOOD AVE</u>			Street Address <u>37 ELMWOOD AVE</u>		
City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>	City <u>Middletown</u>	State <u>RI</u>	Zip <u>02842</u>
Secretary Name <u>Laura DeAscentis</u>			Treasurer Name <u>Laura DeAscentis</u>		
Street Address <u>SAME</u>			Street Address <u>SAME</u>		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Gregory DeAscentis</u>			Director Name <u>Laura DeAscentis</u>		
Street Address <u>SAME as above</u>			Street Address <u>SAME as above</u>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES --- THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
<u>10</u>	<u>Common</u>	<u>0</u>

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.

File Date 1-27-09
Check No. 1401
By: MNE

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 Laura DeAscentis Date 1-24-09
LAURA DEASCENTIS

Print or Type Name

Vice President

Title