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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 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.	2. Name of Corporation			
134055	PARAMOUNT RUG COMPANY, INC.			
3. Street Address Principal Business Office		City	State	Zip
430 WEST STREET		BROCKTON	MA	02301
4. Business Phone No.	5. State of Incorporation			
508-583-5022	MASSACHUSETTS			

6. Brief Description of the Character of Business Conducted in Rhode Island
INSTALLING FLOORING MATERIAL

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

President Name			Vice President Name		
GREGORY KASHGAGIAN			CHRIS KASHGAGIAN		
Street Address			Street Address		
11 LINCOLN STREET			52 YARMOUTH AVENUE		
City	State	Zip	City	State	Zip
LAKEVILLE	MA	02346	BROCKTON	MA	02301
Secretary Name			Treasurer Name		
CHRIS KASHGAGIAN			CHRIS KASHGAGIAN		
Street Address			Street Address		
52 YARMOUTH AVENUE			52 YARMOUTH AVENUE		
City	State	Zip	City	State	Zip
BROCKTON	MA	02301	BROCKTON	MA	02301

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

Director Name			Director Name		
GREGORY KASHGAGIAN					
Street Address			Street Address		
11 LINCOLN STREET					
City	State	Zip	City	State	Zip
LAKEVILLE	MA	02346			
Director Name			Director Name		
CHRIS KASHGAGIAN					
Street Address			Street Address		
52 YARMOUTH AVENUE					
City	State	Zip	City	State	Zip
BROCKTON	MA	02301			

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
100	N/A	NPV

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.

[redacted] [redacted]

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 *Date* 1/19/09

GREGORY KASHGAGIAN
Print or Type Name

[redacted] PRESIDENT
Title

File Date	FILED
Check No.	FEB 20 2009
By:	By 25152

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31312-12-349267

Form 630 Rev. 08/08