

1. Corporate ID No. **75711**

3. Street Address Principal Business Office 106 PHENIX AVENUE

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2. Name of Corporation
C & S Interiors, Inc.

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.

3. Street Address Principal Business Office 106 PHENIX AVENUE			CRANSTON	State RI	^{Zip} 02920
(401) 943-8555 Rhode Island			7		
6. Brief Description of the Character of To Build, Construct, Repair,	Renovate Buildings	Interiors			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Pasquale Celeste			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Pasquale Celeste		
Street Address 106 PHENIX AVENUE			Street Address 106 PHENIX AVENUE		
CRANSTON	State RI	^{Zip} 02920	City CRANSTON	State RI	^{Ζψ} 02920
Secretary Name Pasquale Celeste			Treasurer Name Pasquale Celeste		
Street Address 106 PHENIX AVENUE			Street Address 106 PHENIX AVENUE		
CRANSTON	State RI	^{Zip} 02920	City Cranston	State RI	^{Zip} 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Pasquale Celeste			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 106 PHENIX AVENUE			Street Address		200
Cranston	State RI	Zip 02920	City	State	
Director Name	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i></i>	Director Name		2
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	3
City	State	Zip	СПу	State	7. 00 A
9. SHARES AUTHORIZED	'n soo is in the		•	("X" BOX FOR ATTACE TION MUST BE COMPLETED	TMENT)
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.			Number of Shares	Class/Series	Par Value
			100	COMMON	No Par Value
This report must be executed this report must be executed of t	on behalf of the corporate beh	oration by an authorize oration by the receiver of	Under penalty of period including any according to herein and Signature	erjury, I declare and affirm to appropriate and state true and correct.	that I have examined this report tements, and that all statements
By: FOR SECRETARY OF STA	nc . TE USE ONLY		Pasquale Ce Print or Type Name President Title	resident	LACE (ECEST.
					Form 630 Rev. 08/08