



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 penalty fee of \$25.00.

1. Corporate ID No. 85143		2. Name of Corporation COVENTRY WALLCOVERINGS, INC.			
3. Street Address Principal Business Office 38 HIGHLAND AVENUE			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 4018216209		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO HANG WALLCOVERINGS.					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARCIA WILSON			Vice President Name NONE		
Street Address 38 HIGHLAND AVENUE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name MARCIA WILSON			Treasurer Name MARCIA WILSON		
Street Address 38 HIGHLAND AVENUE			Street Address 38 HIGHLAND AVENUE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM \$1.00 PAR VALUE			100	COMMON	\$100.00

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.



FILED
FEB 27 2009

85143 DBC 01/23/06 12:24:06 PM

File Date

Check No.

By:

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 of Officer

MARCIA WILSON

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

Form 630 12/05