

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. Co. 2-0.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.I., 7-1.2-1501(e0d)) is

I. Corporate ID No. 135042	2. Name of Corp CRUISE C	2. Name of Corporation CRUISE CARPETS, INC.				
3 Street Address Principal Business Office 736 Dexter Street			City Central Falls	State Rhode Island	^{Ζφ} 02863-2657	
4. Business Phone No 5 State of Incorpora RHODE ISLAI						
 Brief Description of the Char To sell, install and main 	racter of Business Condu ntain floor covering	cted in Rhode Island for Residential and Comme	rcial Applications			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT President Name Stephen R. Cruise			ACHMENT) TELL IN S Vice President Name Richard A. Cruise,		ATTACHMENTS	
Street Address 103 Summer Avenue			Street Address 51 Thyme Lane			
City Central Falls	State RI	<i>⊠</i> 02863	N. Attleboro	MA	^{Zip} 02760	
Secretary Name Lisa M. Namerow			Treasurer Name Richard A. Cruise, Jr.			
Street Address 60 Vine Street			Street Address 51 Thyme Lane			
City Pawtucket	State RI	^{Ζ.φ} 02861	N. Attleboro	State MA	Σιρ 02760	
8. NAMES AND ADDRE Director Name Stephen R. Cruise	SSES OF THE DIR	ECTORS: ("X" BOX FOR A	TACHMENT) FILL IN Director Name Richard A. Cruise,			
Street Address 103 Summer Avenue			Street Address 51 Thyme Lane			
City Central Falls	State RI	7.ip 02863	பர் N. Attleboro	State MA	2φ 02760	
Director Name Lisa M. Namerow	•••••		Director Name			
Street Address 60 Vine Street			Street Address			
Pawtucket	State RI	Ζφ 02861	City	State	Zap	
9. SHARES AUTHORIZ	ı	ı	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES THIS SECTION MUST BE COMPLETED			
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 Vidue	
			200	Common	None	
			100	COMMON	None	

	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	contained herein are true and correct. Asa M Name o 2/36/03
Check NO. AR 0 6 2009	Signature Date Date
By: By 8 603 9	Print or Type Name Secletary
FOR SECRETARY OF STATE USE ONLY	Title

Form 630 Rev. 08/08