



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. \$75-

* 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 97005		2. Name of Corporation Stevens Oriental Rugs of Rhode Island, Inc.		
3. Street Address Principal Business Office 86 Main St		City E. Greenwich	State RI	Zip 02818
4. Business Phone No. 401-885-6066		5. State of Incorporation RI 10/1/97		
6. Brief Description of the Character of Business Conducted in Rhode Island hand knotted oriental rugs & tapestries, Sales, Restoration and Cleanings of				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Elizabeth Ann Stevens		Vice President Name N/A		
Street Address 615 Matteson Rd.		Street Address		
City Coventry	State RI	Zip 02816	City State Zip	
Secretary Name Raymond Edward Francis		Treasurer Name Elizabeth Ann Stevens		
Street Address 95 Pocahontas DR.		Street Address 615 Matteson Rd.		
City Warwick	State RI	Zip 02888	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		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 200		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
Class/Series Par Value		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 Value
		0		

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	FILED
Check No.	APR 27 2009
By:	6393
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
Elizabeth Ann Stevens
Date
9/18/09
Print or Type Name
Elizabeth Ann Stevens
Title
President, Treasurer & Owner