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&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
97005	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: Sales, Restoration and Cleanings of hand Knotted oriental rugs & tapestries.

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 Class/Series Par Value Ø

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
Ø		

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.

Elizabeth Ann Stevens 4/18/09
Signature *Date*

Elizabeth Ann Stevens
Print or Type Name

President, Treasurer + Owner
Title

[redacted]

File Date FILED
Check No. APR 27 2009
By: 6393
By FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08