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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.**

** 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		
41388	VINNE SOUCAR CARPET CO, INC		
3. Street Address Principal Business Office	City	State	Zip
168 ARMISTICE BLVD	PAWTUCKET	RI	02860
4. Business Phone No.	5. State of Incorporation		
401-725-9307	R.I.		

6. Brief Description of the Character of Business Conducted in Rhode Island
CARPET SALES + INSTALLATION

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
VINCENT SOUCAR	BARBARA SOUCAR
Street Address: 12 SAND TRAP LANE	Street Address: 12 SAND TRAP LANE
City: SEEKONK State: MA. Zip: 02771	City: SEEKONK State: MA Zip: 02771
Secretary Name: SAME AS ABOVE	Treasurer Name: SAME AS ABOVE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
"NONE"	"NONE"
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name: "NONE"	Director Name: "NONE"
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
400		"0"
100		"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.

[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.

Barbara M Soucar — 5-11-09
Signature *Date*

BARBARA M. SOUCAR
Print or Type Name

[redacted] VICE PRESIDENT
Title

FILED
File Date MAY 14 2009
Check No.
By: By

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34018-7-361998

Form 630 Rev. 08/08