

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 3007

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. 7-1.2-150).

subject to a penalty fee of \$25.00.	501(e), each corporation fa	iling or refusing to file its anni	ual report within thirty (30) days after	the time prescribed by law ((R.I.G.L. /-1.2-1501(c&d)) is
1. Corporate ID No.	2. Name of Corporation	····			
71959	Costle	GATE DUC	y		
3. Street Address Principal Business O	~*		City	State	Zip
70 Brooks	ide Stree		wast warwick	· LI	02893
4. Business Phone No.		5. State of Incorporation	1		
401 831-2360 CHOOF ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island					
Upholstery					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vice President Name					
George A	1	Dalling II	n narder	0	
Street Address			Street Address		
50 Fieldst	one Daw	L.	50 Fieldstone Drive		
City	State	Zip	City	State	Zip
Coventry	<i> 12</i>	02816	Couputur	1 21	102816
			Treasurer Name		
Street Address			Goorge A Nardeni		
Street Address	- Lann M.	C. 4 & O	Street Address	dama Am	
City 1	State JY	I UL	Gity -	State DYLL	Je Zip
Coventry	27	02816	Coverty	1)	A 50 C 1 1 1
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT		CES BEFORE USING	ATTACHMENTS
Director Name Director Name					
	NA			NIA	3 5000
Street Address			Street Address		19
City	State	Zip	City	State	Zip.
	<u> </u>	}			
Director Name			Director Name	1 .	
N/H			:	W/A	0 <=
Street Address			Street Address	t	
City	State	Zip	City	Charles	7/6
City	siate	Σ.φ	cay	State	Zip
9. SHARES AUTHORIZED	1	i	: 10. SHARES ISSUED ("X"	 " Box for attachi	UENT) □
	ar Value		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an ad			, ,,,,		
instruction sheet.			-0-	STK	None
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 of	on behalf of the corpo	oration by the receiver of	or trustee.		
			Under penalty of perjury	, I declare and affirm tha	at I have examined this report.
		7			ments, and that all statements
contained herein are true and correct.					
File Date					
MAY 1 9 2009 Signature Date					
COPONS & A MOVED ON					
By 08975/ 1/0 Print or Type Name					
FOR SECRETARY OF STATE LISE ONLY					
FOR SECRETARY OF STA	ILE USE ONLY		Title	<u> </u>	
					Form 630 Rev. 08/08