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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		
71959	CASTLE GATE INC.		
3. Street Address Principal Business Office	City	State	Zip
70 Brookside Street	West Warwick	RI	02893
4. Business Phone No.	5. State of Incorporation		
401-821-2360	Rhode 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. Nardone	Dawn M Nardone
Street Address: 50 Fieldstone Drive	Street Address: 50 Fieldstone Drive
City: Coventry State: RI Zip: 02816	City: Coventry State: RI Zip: 02816
Secretary Name	**Treasurer Name**
George A. Nardone	George A. Nardone
Street Address: 50 Fieldstone Drive	Street Address: 50 Fieldstone Drive
City: Coventry State: RI Zip: 02816	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
N/A	N/A
Street Address	Street Address
City State Zip	City State Zip
Director Name	**Director Name**
N/A	N/A
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED
10 No Par Value

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
-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 on behalf of the corporation by the receiver or trustee.

[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.

George A. Nardone 5/3/09
Signature *Date*

George A. Nardone
Print or Type Name

President
Title

[redacted]

File Date FILED MAY 19 2009
Check No. a
By: By 089751 11:02

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Form 630 Rev. 08/08