



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

**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(c), 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.<br>71959                                                                                                                               |             | 2. Name of Corporation<br>Castle Gate, Inc. |                                        |                   |              |
| 3. Street Address Principal Business Office<br>70 Brookside Street                                                                                         |             |                                             | City<br>West Warwick                   | State<br>RI       | Zip<br>02893 |
| 4. Business Phone No.<br>401-831-2360                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island   |                                        |                   |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Upholstery                                                                  |             |                                             |                                        |                   |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                             |                                        |                   |              |
| President Name<br>George A. Nardone                                                                                                                        |             |                                             | Vice President Name<br>Dawn M. Nardone |                   |              |
| Street Address<br>50 Fieldstone Dr.                                                                                                                        |             |                                             | Street Address<br>50 Fieldstone Dr.    |                   |              |
| City<br>Coventry                                                                                                                                           | State<br>RI | Zip<br>02816                                | City<br>Coventry                       | State<br>RI       | Zip<br>02816 |
| Secretary Name<br>George A. Nardone                                                                                                                        |             |                                             | Treasurer Name<br>George A. Nardone    |                   |              |
| Street Address<br>50 Fieldstone Dr.                                                                                                                        |             |                                             | Street Address<br>50 Fieldstone Dr.    |                   |              |
| City<br>Coventry                                                                                                                                           | State<br>RI | Zip<br>02816                                | City<br>Coventry                       | State<br>RI       | Zip<br>02816 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                             |                                        |                   |              |
| Director Name<br>N/A                                                                                                                                       |             |                                             | Director Name<br>N/A                   |                   |              |
| Street Address                                                                                                                                             |             |                                             | Street Address                         |                   |              |
| City                                                                                                                                                       | State       | Zip                                         | City                                   | State             | Zip          |
| Director Name<br>N/A                                                                                                                                       |             |                                             | Director Name<br>N/A                   |                   |              |
| Street Address                                                                                                                                             |             |                                             | Street Address                         |                   |              |
| City                                                                                                                                                       | State       | Zip                                         | City                                   | State             | Zip          |
| 9. SHARES AUTHORIZED<br>10 No PAR value                                                                                                                    |             |                                             |                                        |                   |              |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |             |                                             |                                        |                   |              |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |             |                                             |                                        |                   |              |
| Number of Shares<br>- 0 -                                                                                                                                  |             | Class/Series<br>STK                         |                                        | Par Value<br>None |              |
| 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. |             |                                             |                                        |                   |              |

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.

**FILED**

File Date MAY 19 2009

Check No. 089751

By: 11/02

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 George A. Nardone Date 5/3/09

Print or Type Name George A. Nardone

Title President