

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 2010 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 I 7-1.2-1501(e) each corporation fellow or reference followers and corporation fellows are reference followers.

1. Corporate ID No. 2027	2. Name of Co Bart's Car	2. Name of Corporation Bart's Carpet Sales, Inc.				
3. Street Address Principal Busi 491 Davisville Road	iness Office	<u> </u>	City North Kingstown	State RI	2ip 02852	
		5. State of Incorporation Rhode Island			02002	
6. Brief Description of the Char selling carpeting	acter of Business Cond	icted in Rhode Island				
7. NAMES AND ADDRES President Name Peter Bartkiewicz	SSES OF THE OFF	TICERS: ("X" BOX FOR ATTA	CHMENT) [] FILL IN	SPACES BEFORE USING	GATTACHMENTS	
Street Address 491 Davisville Road			Street Address			
City North Kingstown	State RI	^{Zip} 02852	City	State	Zip	
Secretary Name Marien Bartkiewicz			Treasurer Name Peter Bartkiewicz			
street Address 491 Davisville Road			Street Address 491 Davisville Road			
City North Kingstown	State RI	02852	North Kingstown	State RI	^{Zip} 02852	
8. NAMES AND ADDRES Director Name Peter Bartkiewicz	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IS Director Name	N SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 491 Davisville Road		Street Address				
North Kingstown	State RI	Zip 02852	Chy	State	Zip	
irector Name		Director Name				
street Address			Street Address			
Жу	State	Zip	City	State	Ztp	
. SHARES AUTHORIZE	D !			 <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> 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 additional filing. See Section 9 of instruction sheet.			100	common	no par value	
his report must be execu	ited on behalf of t	he corporation by an authorized to corporation by the receiver of the corporation by the receiver of the corporation by the receiver of the corporation by the corpor	ed representative. If the contractor	orporation is in the hand	Is of a receiver or truster	
		o verporation by the receiver	or trustee.			
	and 1		including any acco	perjury, I declare and affirm ompanying schedules and state true 37d correct.	that I have examined this reaternance, and that all states	
File Date FEB 22			Signature	theway 5	J 2-20-1	
Check No.			Peter Bartk		Date	
By 5450			Print or Type Name President			
FOR SECRETARY OF	F STATE USE ONLY		Title		 	