STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
14020	STATE SALES, INC.			
3. Street Address Principal Business Office		City	State	Zip
350 STATION STREET		CRANSTON	RI	02910
4. Business Phone No.	5. State of Incorporation			6. SIC Code
781-5800	RHODE ISLAND			5884

7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING AND INSTALLING CARPETING, CLEANING OF CARPETING AND UPHOLSTERY

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

President Name			Vice President Name		
Stephen P. Fallon			Stephen P. Fallon		
Street Address			Street Address		
350 Station Street			350 Station Street		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Secretary Name			**Treasurer Name**		
Stephen P. Fallon			Stephen P. Fallon		
Street Address			Street Address		
350 Station Street			350 Station Street		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910

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

Director Name			Director Name		
Stephen P. Fallon					
Street Address			Street Address		
Same as above					
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 COMM NO PAR VALUE			200	common	no par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 1 4 0 2 0

14020 DBC 01/13/05 03:43:06 PM
File Date 2-18-05
Check No. 10504
By: KB
FOR SECRETARY OF STATE USE ONLY

[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.

Stephen P Fallon Sr. 1/25/05
Signature of Officer *Date*

Stephen P. Fallon SR.
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01