



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 2011

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. 7-1.2-15G1(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. 485637		2. Name of Corporation Federal Liquidation Agency, Inc		
3. Street Address Principal Business Office 245 No. Pearl St.		City Brockton	State MA	Zip 02301
4. Business Phone No. 508-230-5566		5. State of Incorporation MASS.		
6. Brief Description of the Character of Business Conducted in Rhode Island Oriental Rug Sales				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Nir Drory		Vice President Name None		
Street Address 245 No. Pearl St		Street Address None		
City Brockton	State MA	Zip 02301	City None	State None
Secretary Name Nir Drory		Treasurer Name Nir Drory		
Street Address 245 No Pearl Street		Street Address 245 No. Pearl St		
City Brockton	State MA	Zip 02301	City Brockton	State MA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Nir Drory		Director Name /		
Street Address 245 No Pearl St		Street Address /		
City Brockton	State MA	Zip 02301	City /	State /
Director Name /		Director Name /		
Street Address /		Street Address /		
City /	State /	Zip /	City /	State /
9. SHARES AUTHORIZED 100		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series CWP	Par Value \$ 100

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 **JAN 27 2011**

Check No. By **[Signature]**

By: **003396**

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] **1/18/11**

Signature Date

Nir Drory

Print or Type Name

President

Title