

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. 7-1.2-1501(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(cebd)) is subject to a penalty fee of \$25,00.

subject to a penalty jee of \$2).00.					
1. Corporate ID No. 131900	2. Name of Corpor The F	ration 'urniture Mender, Inc.			
3. Street Address Principal Business Office			City	State	Zip
60 Town Farm Road			Coventry	RI	02816
4. Business Phone No.		5. State of Incorporation	<u> </u>		
(401) 385-9014 Rhode ISla			nd		
6. Brief Description of the Character	r of Business Conducte	d in Rhode Island			
	e repair of	furniture and re	lated items. CHMENT) ☐ FILL IN S ! Vice President Name	PACES BEFORE USING	ATTACHMENTS
Michael Pariseau			Michael Pariseau		
Street Address		-	: Street Address		
60 Town Farm Road			60 Town Farm Road		
СИу	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
Secretary Name			: Treasurer Name		·······l
Michael Pariseau	1		Michael Pariseau		
Street Address			Street Address		
60 Town Farm Roa	ad		60 Town Farm Road		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
8. NAMES AND ADDRESSE		l I			
Director Name			Director Name		
Michael Pariseau	1				
Street Address			Street Address		
60 Town Farm Road			:		26
City	State	Zip	City	State	Zip = CM
Coventry	RI	02816			—————————————————————————————————————
Director Name			Director Name		
					~
Street Address			Street Address		
			> 900		
City	State	Zip	City	State	Zip Too
		1545	5,	J. J	
9. SHARES AUTHORIZED		1	10 SHAPPS ISSUED	("X" BOX FOR ATTAC	
100 no par valu	10			TION MUST BE COMPLETED	, — , , , ,
			-		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.			Number of Shares	Class/Series	Par vante
			100		no par
This report must be execute	d on babalf of the		164		3-6

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.

	FILEU
File Date _	
Check No	FEB 25 2011
Ву:	Ch# 03/4797
BY	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	n that I have examined this report,
including any accompanying schedules and	statements, and that all statements
contained hereiff are true and correct.	4
y sull la	Jal 1
Signature 1 /	Date
Michael Pariseau	
Print or Type Name	
President	
Titla	