



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., 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

* 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 85143	2. Name of Corporation COVENTRY WALLCOVERINGS, INC.		
3. Street Address Principal Business Office 38 HIGHLAND AVENUE	City COVENTRY	State RI	Zip 02816
4. Business Phone No. 4018216209	5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island TO HANG WALLCOVERINGS.			

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

President Name MARCIA WILSON	Vice President Name NONE
Street Address 38 HIGHLAND AVENUE	Street Address
City COVENTRY	City
State RI	State
Zip 02816	Zip
Secretary Name MARCIA WILSON	Treasurer Name MARCIA WILSON
Street Address 38 HIGHLAND AVENUE	Street Address 38 HIGHLAND AVENUE
City COVENTRY	City COVENTRY
State RI	State RI
Zip 02816	Zip 02816

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

Director Name NONE	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ☐ 10. SHARES ISSUED (X) BOX FOR ATTACHMENT ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM \$1.00 PAR VALUE			100	COMMON	\$100.00

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.



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FILED

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File Date

Check No. MAR 03 2011

By: **BY** 0139101

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.

X Marcia Wilson 2-11-11
Signature of Officer Date

MARCIA WILSON

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/05