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

1. Corporate ID No 32101	2. Name of Corporation NEW ENGLAND CARPET CONSULTANTS INC

3. Street Address Principal Business Office 266 PUTNAM PIKE	City SMITHFIELD	State RI	Zip 02917

4. Business Phone No. 451-1999	5. State of Incorporation RI

6. Brief Description of the Character of Business Conducted in Rhode Island
CARPET INSTALLATION

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

President Name EDWARD SKOVRON	Vice President Name
Street Address 21 BLACKBERRY KNOLL WAY	Street Address

City JOHNSTON	State RI	Zip 02919	City	State	Zip

Secretary Name	Treasurer Name
Street Address	Street Address

City	State	Zip	City	State	Zip

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

Director Name	Director Name
Street Address	Street Address

City	State	Zip	City	State	Zip

Director Name	Director Name
Street Address	Street Address

City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

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 Value
	600	COMMON	NO PAR

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.

File Date _____	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.
Check No. _____	Signature _____ Date 2/28/11
By: _QMD 29-1553/6_	Print or Type Name EDWARD SKOVRON
FOR SECRETARY OF STATE USE ONLY	Title PRESIDENT

Form 630 Rev. 08/08