PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(c), 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 SKOURON
Street Address: 21 BLACKBERRY KNOLL WAY
City: JOHNSTON — State: RI — Zip: 02919

Vice President Name:
Street Address:
City: — State: — Zip:

Secretary Name:
Street Address:
City: — State: — Zip:

Treasurer Name:
Street Address:
City: — State: — Zip:

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

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

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.

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: X [signature] — Date: 2/28/11

Print or Type Name: EDWARD SKOURON

Title: PRESIDENT

File Date:

Check No.: OCT 2011

By: JMD 29-1553416

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

69004-5-626760