

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008
 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)(1)) is subject to a penalty fee of \$25.00.

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|--|--------------------|---|---|-------------------------------|----------------------------|
| 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name EDWARD SKOURON | | | 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) <input type="checkbox"/> 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) <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 600 | Class/Series COMMON | Par Value 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 _____
 Check No. **OCT 27 2011**
 By: **JMD 29-155346**
 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: **EDWARD SKOURON** Date: **2/28/11**
 Print or Type Name: **PRESIDENT**
 Title: _____