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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2012

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. 8942	2. Name of Corporation McKAY'S FURNITURE INC.
3. Street Address Principal Business Office 182 Lafayette Road	City North Kingstown / State RI / Zip 02852
4. Business Phone No. 401 295-1915	5. State of Incorporation RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island Retail sale of furniture and carpeting	

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

	President Name	Street Address	City	State	Zip
	Keith G. McKay	227 Boston Neck Road	North Kingstown	RI	02852
	Kerry P. McKay	170 Champlin Road	Saunderstown	RI	02874
Secretary Name	Scott C. McKay	52 Poplar Ave.	North Kingstown	RI	02852
Treasurer Name	Scott C. McKay	52 Poplar Ave.	North Kingstown	RI	02852

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

Director Name	Street Address	City	State	Zip
Keith G. McKay	227 Boston Neck Road	North Kingstown	RI	02852
Kerry P. McKay	170 Champlin Road	Saunderstown	RI	02874
Scott C. McKay	52 Poplar Ave.	North Kingstown	RI	02852

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
100	Common	None

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.

[redacted]

FILED
File Date
JAN 17 2012
Check No.
By: BY 10399
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Scott C. McKay — 1/11/12
Signature — *Date*

Scott C. McKay
Print or Type Name

Treasurer
Title

72158-16-662711

Form 630 Rev. 08/08