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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
103791	ULTIMATE UPHOLSTERY, INC.

3. Principal office address	City	State	Zip
1454 MAIN STREET	WEST WARWICK	RI	02893

4. Business Phone No.	5. State of Incorporation
401-828-4555	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
OPERATION OF UPHOLSTERY BUSINESS

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
RICHARD FONTAINE	
Street Address	Street Address
1454 MAIN STREET	
City / State / Zip	City / State / Zip
WEST WARWICK / RI / 02893	
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
RICHARD FONTAINE	
Street Address	Street Address
1454 MAIN STREET	
City / State / Zip	City / State / Zip
WEST WARWICK / RI / 02893	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

This information is currently on record in the Office of the Secretary of State. Changes require additional filing.
See Section 9 of instruction sheet.

FILED
FEB 27 2012 12:32

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	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.

BY [illegible]

File Date _____

Check No _____

By: _____

2012 FEB 27 PM 12:32

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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.

Richard Fontaine
Signature of Authorized Representative — Date

RICHARD FONTAINE
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
73734-21-716474