



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.<br>104081  |             | 2. Name of Corporation<br>Wallcovering Express, Inc. |                                      |             |
| 3. Street Address Principal Business Office<br>242 Francis Avenue  |             |  | City<br>North Providence             | State<br>RI |
|  |             |  | Zip<br>02904                         |             |
| 4. Business Phone No.<br>(401) 724-1166  |             | 5. State of Incorporation<br>Rhode Island            |                                      |             |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To conduct paint and wallpaper services                                     |             |  |                                      |             |
| <b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>                   |             |  |                                      |             |
| President Name<br>Gerard Giroux  |             |  | Vice President Name<br>None          |             |
| Street Address<br>242 Francis Avenue   |             |  | Street Address                       |             |
| City<br>North Providence   | State<br>RI | Zip<br>02904   | City                                 | State       |
| Secretary Name<br>Regina Giroux  |             |  | Treasurer Name<br>Gerard Giroux      |             |
| Street Address<br>242 Francis Avenue   |             |  | Street Address<br>242 Francis Avenue |             |
| City<br>North Providence   | State<br>RI | Zip<br>02904   | City<br>North Providence             | State<br>RI |
| Zip<br>02904   |             |  | Zip<br>02904                         |             |
| <b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>                  |             |  |                                      |             |
| Director Name<br>Gerard Giroux   |             |  | Director Name<br>None                |             |
| Street Address<br>242 Francis Avenue   |             |  | Street Address                       |             |
| City<br>North Providence   | State<br>RI | Zip<br>02904   | City                                 | State       |
| Zip<br>02904   |             |  | Zip                                  |             |
| Director Name<br>None  |             |  | Director Name<br>None                |             |
| Street Address   |             |  | Street Address                       |             |
| City   | State       | Zip  | City                                 | State       |
| Zip  |             |  | Zip                                  |             |
| <b>9. SHARES AUTHORIZED</b>  |             |  |                                      |             |
| 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. |             |  |                                      |             |
| <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |             |  |                                      |             |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |             |  |                                      |             |
| Number of Shares<br>250  |             | Class/Series<br>C/S                                  | Par Value<br>None                    |             |
| THIS SECTION MUST BE COMPLETED   |             |  |                                      |             |

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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | MAR 01 2012 |
| Check No.                       | 3656        |
| By: <b>BY</b>                   |             |
| 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.

*Gerard Giroux* 2/1/2012  
Signature Date  
Gerard Giroux  
Print or Type Name  
President  
Title