



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 **2013**

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. 6270		2. Exact name of the Corporation David's Furniture Company			
3. Principal office address 1726 Smith Street			City North Providence	State RI	Zip 02911
4. Business Phone No. 401-231-0930			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Selling furniture, bedding & accesories - retail and wholesale					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lillian Papazian			Vice-President Name		
Street Address 52 Cushing St			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Mark J. Papazian			Treasurer Name David R. Papazian		
Street Address 118 Shaw Dr			Street Address 21 Camille Dr		
City Glocester	State RI	Zip 02857	City Johnston	State RI 02919	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value

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 _____

By: _____

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.

 1/19/2013
 Signature of Authorized Representative Date

David R. Papazian
 Print or Type Name of Authorized Representative

FILED

JAN 23 2013

BY 20447