



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. 566793		2. Exact name of the Corporation Raymours Furniture Co., Inc.			
3. Principal office address 7248 Morgan Road			City Liverpool	State New York	Zip 13090
4. Business Phone No. (315) 453-2500		5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island Operation of a retail furniture store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Neil Goldberg			Vice-President Name Michael Goldberg		
Street Address 15 Wheeler Ave			Street Address 7102 Kittiwake Run		
City Fayettevill	State New York	Zip 13066	City Manlius	State New York	Zip 13104
Secretary Name Steven Goldberg			Treasurer Name		
Street Address 5102 Waterford Wood Way			Street Address		
City Fayetteville	State New York	Zip 13066	City	State	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
			10	Class A	No Par
			10000	Class B	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.

FILED
 OFFICE OF THE SECRETARY OF STATE
 BY _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 JAN 30 2013

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 of Authorized Representative: James F. Poole Jr. Date: 01/25/2012
 Print or Type Name of Authorized Representative

BY 450889