



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. <b>566793</b>		2. Exact name of the Corporation <b>Raymours Furniture Co., Inc.</b>			
3. Principal office address <b>7248 Morgan Road</b>			City <b>Liverpool</b>	State <b>New York</b>	Zip <b>13090</b>
4. Business Phone No. <b>(315) 453-2500</b>		5. State of Incorporation <b>New York</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Operation of a retail furniture store</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Neil Goldberg</b>			Vice-President Name <b>Michael Goldberg</b>		
Street Address <b>15 Wheeler Ave</b>			Street Address <b>7102 Kittiwake Run</b>		
City <b>Fayettevill</b>	State <b>New York</b>	Zip <b>13066</b>	City <b>Manlius</b>	State <b>New York</b>	Zip <b>13104</b>
Secretary Name <b>Steven Goldberg</b>			Treasurer Name		
Street Address <b>5102 Waterford Wood Way</b>			Street Address		
City <b>Fayetteville</b>	State <b>New York</b>	Zip <b>13066</b>	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></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.			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