



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 2014

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. 01159		2. Exact name of the Corporation POWER STRETCH CARPET, Inc			
3. Principal office address 384 MARKET ST			City WARREN	State RI	Zip 02905
4. Business Phone No. 401-640-5777		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FLOOR COVERING CONTRACTOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL BERNARDO			Vice-President Name		
Street Address 384 MARKET ST			Street Address		
City WARREN	State RI	Zip 02905	City	State	Zip
Secretary Name EVA BERNARDO			Treasurer Name MICHAEL BERNARDO		
Street Address 384 MARKET ST			Street Address 384 MARKET ST		
City WARREN	State RI	Zip 02905	City WARREN	State RI	Zip 02905
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 600		CLASS/SERIES COMMON		PAR VALUE NO PAR	

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2014 JAN 29 PM 3:00

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

FILED
 JAN 29 2014

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: MICHAEL BERNARDO Date: 29 JAN 2014
 Print or Type Name of Authorized Representative: MICHAEL BERNARDO

A.A.