



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

RECEIVED JAN 28 2014

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. 6676		2. Exact name of the Corporation National Velour Corporation			
3. Principal office address 36 Bellair Avenue		City Warwick		State RI	Zip 02886
4. Business Phone No. 401-737-8300		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island flocking of foam plastic materials					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Oscar DerManouelian			Vice-President Name Todd DerManouelian		
Street Address 13 Dartmouth Avenue			Street Address 8 Dartmouth Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Everett A. Marabian, Sr.			Treasurer Name Oscar DerManouelian		
Street Address 20 Bentley Road			Street Address 13 Dartmouth Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Everett A. Marabian, Sr.			Director Name Oscar DerManouelian		
Street Address 20 Bentley Road			Street Address 13 Dartmouth Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Paul Plourde, Esquire			Director Name None		
Street Address 23 Tanglewood Drive			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			600	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

FILED
JAN 28 2014
BY 56330

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 Date 1/27/2014

Oscar DerManouelian

Print or Type Name of Authorized Representative