



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. 70844		2. Exact name of the Corporation Rustic Warehouse, Inc.		
3. Principal office address 101 Dexter Road		City East Providence	State RI	Zip 02914
4. Business Phone No. (401) 435-6777		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Distribution of outdoor furniture and related paraphernalia				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Jeffrey A. Meek		Vice-President Name James Goulart		
Street Address 101 Dexter Road		Street Address 101 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI
Secretary Name Camil Rancourt		Treasurer Name James Goulart		
Street Address 101 Dexter Road		Street Address 101 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Jeffrey A. Meek		Director Name Camil Rancourt		
Street Address 101 Dexter Road		Street Address 101 Dexter Road		
City East Providence	State RI	Zip 02914	City East Providence	State RI
Director Name James Goulart		Director Name		
Street Address 101 Dexter Road		Street Address		
City East Providence	State RI	Zip 02914	City	State
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 235	CLASS/SERIES Common	PAR VALUE 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

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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

February 24, 2014

Date

Jeffrey A. Meek, President

Print or Type Name of Authorized Representative