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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.	2. Exact name of the Corporation		
11761	TRENDS DECORATORS INC.		
3. Principal office address: 7412 POST ROAD	City: NORTH KINGSTOWN	State: RI	Zip: 02852
4. Business Phone No.: 401-294-9963	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: HOME FURNISHINGS-RTAIL -Retail			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
ALBERT SPATER	134 MERRY MOUNT DRIVE	WARWICK	RI	02888

Vice-President Name	Street Address	City	State	Zip
JENNY SPATER	134 MERRY MOUNT DRIVE	WARWICK	RI	02888

Secretary Name	Street Address	City	State	Zip
JENNY SPATER	134 MERRY MOUNT DRIVE	WARWICK	RI	02888

Treasurer Name	Street Address	City	State	Zip
ALBERT SPATER	SAME			

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
ALBERT SPATER	134 MERRY MOUNT DRIVE	WARWICK	RI	02888
SAME				

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	COMMON 1-20	NONE

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
MAR 25 2014
13984

File Date:
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY

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: 3/23/2014

Albert Spater
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
104909-19-955107