



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 2015

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. 91876		2. Exact name of the Corporation Creative Office Interiors, Inc			
3. Principal office address 10 Mutual Place			City Providence	State RI	Zip 02906
4. Business Phone No. 401-274-2444		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Full Service Office Furniture Dealership					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph Gardner			Vice-President Name		
Street Address One Design Center Place			Street Address		
City Boston	State Ma	Zip 02210	City	State	Zip
Secretary Name Gerard Weber			Treasurer Name Angelo DeBenedictis		
Street Address One Design Center Place			Street Address One Design Center Place		
City Boston	State Ma	Zip 02210	City Boston	State Ma	Zip 02210
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Gardner			Director Name Gerard Weber		
Street Address One Design Center Place			Street Address One Design Center Place		
City Boston	State Ma	Zip 02210	City Boston	State Ma	Zip 02210
Director Name Samuel Scialabba			Director Name Denise Horn		
Street Address One Design Center Place			Street Address One Design Center Place		
City Boston	State Ma	Zip 02210	City Boston	State Ma	Zip 02210
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	CLASS/SERIES	PAR VALUE
			3673	Common	1,000

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 23 2015

BY 158546

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 1/21/15

Print or Type Name of Authorized Representative