

STA **• RHODE ISLAND AND PROVIDENCE PLANTATIONS**
 Office **the Secretary of State - Division of Business Services**
 148 ... 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. 000788225		2. Exact name of the Corporation J G CARPET INSTALLATION, INC.			
3. Principal office address 16 LARCH STREET - #2			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 401-399-5838			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island CARPET INSTALLATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name JOAQUIM GONCALVES			Vice-President Name		
Street Address 145 DIVISION STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name JOAQUIM GONCALVES			Treasurer Name JOAQUIM GONCALVES		
Street Address 145 DIVISION STREET			Street Address 145 DIVISION STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name JOAQUIM GONCALVES			Director Name		
Street Address 145 DIVISION STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	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)		
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
			100	CNP	0

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

MAR 18 2015

BY

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.

Joachim Goncalves
 Signature of Authorized Representative Date

JOAQUIM GONCALVES
 Print or Type Name of Authorized Representative