

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.		2. Exact name of the Corporation CRUISE CARPETS, INC.				
135042	CKUISI	L CARFETS, INC.				
3. Principal office address 736 DEXTER STREET			City CENTRAL FALL	.S State	Zip 02863-2657	
4. Business Phone No. 401-724-3989			5. State of Incorporation RHODE ISLAND			
6. Brief description of the char To sell, install, and m				al applications		
7. LIST <u>all</u> officers (na	MES AND ADDR	ESSES) ("X" BOX FOR A	TACHMENT)			
President Name Stephen R. Cruise			Vice-President Name Richard A. Cruise, Jr.			
Street Address 103 Summer Avenue			Street Address 51 Thyme Lane			
City Central Falls	State RI	Zip 02863	City North Attleboro	State MA	Zip 02760	
Secretary Name Lisa M. Namerow			Treasurer Name Richard A. Cruise, Jr.			
Street Address 60 Vine Street			Street Address 51 Thymes Lane			
City Pawtucket	State RI	Zip 02861	North Attleboro	State MA	Zip 02760	
B. LIST ALL DIRECTORS (N	AMES AND ADI	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Stephen R. Cruise			Director Name Richard A. Cruise, Jr.			
Street Address 103 Summer Avenue			Street Address 51 Thyme Lane			
City Central Falls	State RI	Zip 02861	City Attleboro	State MA	2ip 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Director Name Lisa M. Namerow			Director Name			
Street Address 60 Vine Street			Street Address TT			
City Pawtucket	State RI	Zip 02861	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
		- Office of the Country	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			100	Common	None	
This report must be executed	d on behalf of the this report mu	corporation by an authorize ast be executed on behalf o	f the corporation by the i	receiver or trustee.		
File Date			this report, includi	erjury, I declare and affi ng any accompanying s ents contained herein a	chedules and statements	
Check No		FILED	Signature of Authorized Representative Date			
FOR SECRETARY OF STA	TE USE ONLY	APR 1 0 2015	Print or Type Name	AMERUW of Authorized Represent	ative	
form No. 630 Revised: 01/2012	Bv	JULONIU_	—	on Authorized Hepresent	инто	