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			
135042	CRUISE CARPETS, INC.			
3. Principal office address: 736 DEXTER STREET		City: CENTRAL FALLS	State: RI	Zip: 02863-2657
4. Business Phone No.: 401-724-3989		5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: To sell, install, and maintain floor covering for residential and commercial applications				

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

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	City: North Attleboro	State: MA	Zip: 02760

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("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	Zip: 02760
Director Name: Lisa M. Namerow			Director Name:		
Street Address: 60 Vine Street			Street Address:		
City: Pawtucket	State: RI	Zip: 02861	City:	State:	Zip:

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CORPORATIONS DIV.
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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	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 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
APR 10 2015
By: [signature]
A A

Form No. 630
Revised: 01/2012

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.

Lisa Namerow — 4/2/15
Signature of Authorized Representative — Date

LISA NAMEROW
Print or Type Name of Authorized Representative