State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of Stat
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

***Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(a), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
60267	E. Raymond Interiors, Inc.

3. Street Address Principal Business Office	City	State	Zip
27 Oakdale Avenue	Johnston	RI	02919

4. Business Phone No.	5. State of Incorporation
(401) 454-4545	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
INTERIOR DESIGN CONSULTING

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Edward Raymond, Jr.	Karen K. Bouthillette
Street Address: 27 Oakdale Avenue	Street Address: 27 Oakdale Avenue
City: Johnston / State: RI / Zip: 02919	City: Johnston / State: RI / Zip: 02919
Secretary Name: Edward Raymond, Jr.	Treasurer Name: Karen K. Bouthillette
Street Address: 27 Oakdale Avenue	Street Address: 27 Oakdale Avenue
City: Johnston / State: RI / Zip: 02919	City: Johnston / State: RI / Zip: 02919

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Edward Raymond, Jr.	Karen K. Bouthillette
Street Address: 27 Oakdale Avenue	Street Address: 27 Oakdale Avenue
City: Johnston / State: RI / Zip: 02919	City: Johnston / State: RI / Zip: 02919
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	Common	No Par Value

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ — ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par Value

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.

[redacted]

File Date: _____

Check No. _____

By: _____ BY

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 06 2015
OS 357

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Edward Raymond 1/4/16
Signature *Date*

Edward Raymond, Jr.
Print or Type Name

President
Title

Form 630 Rev. 12/06

130745-25-1084383