



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 38800		2. Name of Corporation Helene Sousa Interiors, Inc.			
3. Street Address Principal Business Office 185 West Main Rd., P. O. Box 558			City Little Compton	State RI	Zip 02837
4. Business Phone No. 401-635-4355		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island DESIGN SERVICES- COMMERCIAL AND RESIDENTIAL SPACE PLANNING AND PRODUCT SELECTION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Helene J. Sousa			Vice President Name N/A		
Street Address 185 West Main Rd., P. O. Box 558			Street Address		
City Little Compton	State RI	Zip 02837	City	State	Zip
Secretary Name / Clerk Helene J. Sousa			Treasurer Name		
Street Address Same as Above			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Helene J. Sousa			Director Name Frank B. Sousa, Jr.		
Street Address Same as above			Street Address 185 West Main Rd., P. O. Box 558		
City	State	Zip	City Little Compton	State RI	Zip 02837
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 \$1.00 PAR VALUE			100 shares	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date **FILED**
Check No. **MAR 01 2005** 1064
By: **By KB**
FOR SECRETARY OF STATE USE ONLY

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 Officer

Helene J. Sousa

Print or Type Name of Officer

President / Clerk

Title of Officer