

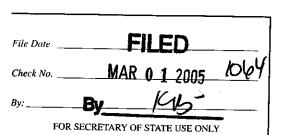
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

2005

38800		ousa Interiors, Inc.			
3. Street Address Principal Business Office			City	State	Zip
185 West Main Rd., P. O. Box 558			Little Compton	RI	02837
i. Business Phone No. 401-635-4355		5. State of Incorporal			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island DESIGN SERVICES- COMMERCIAL AND RESIDENTIAL SPACE P			ND		7880
DESIGN SERVICE	S- COMMERCIAL A	ND RESIDENTIAL SPACE F	PLANNING AND PRODUCT SEL	ECTION	· · · · · · · · · · · · · · · · · · ·
resident Name		CERS. (A BOA FOR A	TTACHMENT) [FILL IN Vice President Name	SPACES BEFORE US	ING ATTACHMENTS
Helene J. Sousa			N/A		
Street Address			Street Address		
185 West Main	Rd., P. O. B	ox 558	Street Authorities		
ity	State	Zip	City	State	Zip
Little Compton	,	02837			12.10
ecretary Name /Clerk		*************	Treasurer Name		••••••
Helene J. Sou	sa				
Street Address			Street Address		
Same as Above			_ _		
ty	State	Zip	City	State	Zip
Helene J. Sousa Treet Address Same as above			Frank B. Sousa, Jr. Street Address 185 West Main Rd., P. O. Box 558		
ty	State	Zip	Сиу	State	Zíp
#45#4444##############################			Little Comptor	n RI	02837
rector Name		•	Director Name		
treet Address			Street Address		
γ	State	7:4			
	onne	Zip	City	State	Zip
. SHARES AUTHORIZ THORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (" ISSUED SHARES	 X" BOX FOR ATTAC	HMENT)
mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 \$1.00 PAR VALUE			100 shares	Common	\$1.00
	·	 	100 5114155	Connorr	71.00
This gamest	h:				
rms report must	de signed in ink by	either the President, Vice	President, Secretary, Assistant	Secretary, Treasurer	, Receiver or Trustee
1 1		[] 			



Under penalty of perjury, I declare and affirm	that I have examined this report
including any accompanying schedules and s	tatements, and that all statements
contained herein are true and correct.	
Kelens Dans	1 2/23/25
Signature of Officer	Date
Helene J. Sousa	
Print or Type Name of Officer	

President / Clerk

Title of Officer

Form 630 Rev. 12/03