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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
38800	Helene Sousa Interiors, Inc.			
3. Street Address Principal Business Office		City	State	Zip
185 West Main Rd., P. O. Box 558		Little Compton	R.I.	02837
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-635-4355	RHODE ISLAND			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			Vice President Name		
Helene J. Sousa			N/A		
Street Address			Street Address		
185 West Main Rd., P. O. Box 558					
City	State	Zip	City	State	Zip
Little Compton	R.I.	02837			
Secretary Name / Clerk			Treasurer Name		
Helene J. Sousa					
Street Address			Street Address		
Same as above					
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			Director Name		
Helene J. Sousa			Frank B. Sousa, Jr.		
Street Address			Street Address		
Sames as above			185 West Main Rd., P. O. Box 558		
City	State	Zip	City	State	Zip
			Little Compton	R.I.	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

[redacted]

38800

File Date 1-21-04
Check No. 3788
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — *Date* 01/19/04

Helene J. Sousa
Print or Type Name of Officer

[redacted]

President / Clerk
Title of Officer