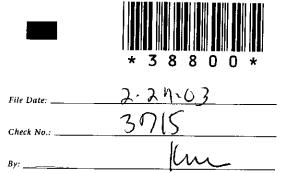
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED OR PRIN	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corpo	pration			`
38800	Helene So	usa Interiors, Inc.			
3. Street Address Principal Busines.	s Office	·	City	State	Zip
185 West Main Ro	oad, P. O. B	OX 558 5. State of Incorpora	Little Compton	R.I.	02837 6. SIC Code
401-635-4355  7. Brief Description of the Characte	r of Business Conducted	RHODE ISL	AND		7880
Desogn Services-	Commercial	& Residential S	pace Planning & Peodu	ct Selection	
8. NAMES AND ADDRES  President Name	SSES OF THE OF	FICERS ("X" BOX FOR A		EFORE USING ATTA	ACHMENTS
Helene J. Sousa Street Address			N/A Street Address		
185 West Main Ro	ad, P. O. Bo	ox 558			
City	State	Zip	City	State	Zip
Little Compton Secretary Name Clerk	R.I.	02837	Treasurer Name		•
Helene J. Sousa					
Street Address			Street Address		
sames as above					
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR	Director Name	BEFORE USING AT	<b>FACHMENTS</b>
Helene J. Sousa Street Address			Frank B. Sousa,	Jr.	
same as above			Street Address	-4 n o n	550
City	State	Zip	185 West Main Ro	State	
•		2.9	Little Compton	R.I.	zip 02837
Director Name			Director Name	W.T.	02037
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 \$4.00 DAD VALUE			•		A W. FMIGS.
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



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



Form 630 12/02