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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(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 Road, P. O. Box 558

City Little Compton *State* R.I. *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
Desogn Services-Commercial & Residential Space Planning & Peoduct Selection

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

President Name Helene J. Sousa
Street Address 185 West Main Road, P. O. Box 558
City Little Compton *State* R.I. *Zip* 02837

Vice President Name N/A
Street Address
City *State* *Zip*

Secretary Name Clerk
Helene J. Sousa
Street Address sames as above
City *State* *Zip*

Treasurer Name
Street Address
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
Street Address same as above
City *State* *Zip*

Director Name Frank B. Sousa, Jr.
Street Address 185 West Main Road, P. O. Box 558
City Little Compton *State* R.I. *Zip* 02837

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600		$1.00 PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*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]

* 3 8 8 0 0 *

File Date: 2-27-03

Check No.: 3715

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* 2/26/03

Helene J. Sousa
Print or Type Name of Officer

President / Clerk
Title of Officer

Form 630 12/02