PROFIT CORPORATION ANNUAL REPORT

1996

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
38800	Helene Sousa Interiors, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
185 West Main Rd., P. O. Box 558	Little Compton	RI	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 Service - Commercial & Residential space planning and product selection

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Helene J. Sousa
STREET ADDRESS: 185 West Main Rd., P. O. B4x 558
CITY: Little Compton STATE: RI ZIP CODE: 02837

VICE PRESIDENT NAME: NONE
STREET ADDRESS:
CITY: STATE: ZIP CODE:

SECRETARY NAME (Clerk): Helene J. Sousa
STREET ADDRESS: 185 West Main Rd., P. O. Box 558
CITY: Little Compton STATE: RI ZIP CODE: 02837

TREASURER NAME: NONE
STREET ADDRESS:
CITY: STATE: ZIP CODE:

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: Helene J. Sousa
STREET ADDRESS: 185 West Main Rd., P. O. Box 558
CITY: Little Compton STATE: RI ZIP CODE: 02837

DIRECTOR NAME: Frank B. Sousa, Jr.
STREET ADDRESS: 185 West Main Rd., P. O. Box 558
CITY: Little Compton STATE: RI ZIP CODE: 02837

DIRECTOR NAME: NONE
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME: NONE
STREET ADDRESS:
CITY: STATE: ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS.		$1.00 PAR	100	Common	$1.00 Par Value

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

Date

File Date: 2-20-96
Check No: 3130
By: cr / lp

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95