



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>120287</b>		2. Exact name of the Corporation <b>Central Oriental Home Fashions, Inc.</b>			
3. Principal office address <b>155 Brookside Avenue</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
4. Business Phone No. <b>4018280300</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURE, PURCHASE OR OTHERWISE ACQUIRE, INVEST IN, TRADE, DEAL IN OR DEAL WITH IMPORTED RUGS AND WARES AND MERCHANDISE OF EVERY CLASS AND DESCRIPTION</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Richard Antonellis</b>			Vice-President Name		
Street Address <b>155 Brookside Avenue</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Secretary Name <b>Steven I. Rosenbaum</b>			Treasurer Name <b>Richard Antonellis</b>		
Street Address <b>30 Exchange Terrace</b>			Street Address <b>155 Brookside Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Michael Litner</b>			Director Name <b>Alan Ross</b>		
Street Address <b>155 Brookside Avenue</b>			Street Address <b>155 Brookside Avenue</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date **FEB 12 2016**  
 Check No **CR 14141**  
 BY \_\_\_\_\_  
 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.

*Steven I. Rosenbaum*  
 Signature of Authorized Representative  
 Steven I. Rosenbaum  
 Print or Type Name of Authorized Representative

**2/3/16**  
 Date