



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. 46295		2. Exact name of the Corporation CARRIAGE HOUSE CUSTOM HOMES & INTERIORS, INC.			
3. Principal office address 713 Putnam Pike		City Smithfield		State RI	Zip 02828
4. Business Phone No. 401-949-3101		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The sale of Lindal homes and products and the purchase, sale, construction, alteration and renovation of structures, buildings and dwellings.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mark S. Carter			Vice-President Name Patricia E. Carter		
Street Address 713 Putnam Pike			Street Address 713 Putnam Pike		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Secretary Name Patricia E. Carter			Treasurer Name Mark S. Carter		
Street Address 713 Putnam Pike			Street Address 713 Putnam Pike		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Mark S. Carter			Director Name None		
Street Address 713 Putnam Pike			Street Address		
City Smithfield	State RI	Zip 02828	City	State	Zip
Director Name None			Director Name None		
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
			600	common	no par value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 17 2016

BY **KL5701**

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 Authorized Representative

Mark S. Carter

Print or Type Name of Authorized Representative

02/09/2016

Date