

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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___

Filing Fee: \$50.00 • FAI	LURE TO FILE T	HIS REPORT BY M	ped or printed legibly IARCH 31 WILL RESU	JLT IN A	\$25.00 PENA	LTY FEE,		
1. Entity ID No.	2. Exact name of the Corporation							
32101	32101 New England Campet Consultants INC							
3. Principal office address 266 Petram	Pike		City Smith Fin	eld	State L	^{Zip} 02917		
4. Business Phone No.			5. State of Incorporation					
6. Brief description of the character of business conducted in Rhode Island			RZ					
Carpet INSTA	MaTion							
7. UST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR AT								
Edward Skov	Vice-President Name							
Street Address 21 Blackbarry Knell way			Street Address					
Ohwsten	State /	Zip 02919	City		State	Zip		
Secretary Name	Treasurer Name							
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8-LIST ALL DIRECTORS (NAV	ES AND ADDRESS	ES) ("X" BOX FOR I	ATTACHMENTAN DESCRIPTION	e 14 14 14 14	l company			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City			Zip		
9. SHARES AUTHORIZED 🔭 👢			10 SHARES ISSUED		FORATTAOUS			
			NUMBER OF SHARES	CLASS/SE		PAR VALUE		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.		600	+	men	Nother			
See Section 9 of instruction she	et.							
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.								
Ţ	nis report must be e	xecuted on behalf of t	ne corporation by the red	ceiver or tr	ustee.			
File Date Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.								
FILED this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.								
OHIGON HOUSeason Services Control of the Control of		APR 0 6 20150	XXXXXX	Z	(3/29/11		
		אוואס סוועוה	Signature of Authorize	ed Repres	entative	Date		

File Date: State State Control of the Control of th	
TALL SECTION OF A SECTION ASSESSMENT	
Check No. 2012	
By Assessment Control of the Control	
FOR SECRETARY OF STATE USE O	
TUASECHE IANY OF STATE USE C	
Form No. 600	UL

Form No. 630 Revised: 01/2012

1572 S Edward SKOURON Print or Type Name of Authorized Representative