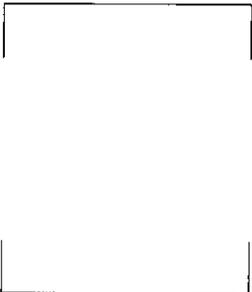




**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

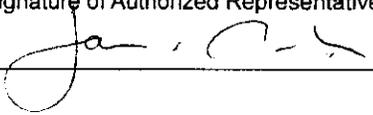
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



**Profit Corporation Annual Report for the year:** 2014

Filing period: January 1 - March 1

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

1. Entity ID Number <b>566793</b>		2. Exact name of the Corporation <b>Raymours Furniture Co., Inc.</b>			
3. Principal Office Address <b>7248 Morgan Road</b>			City <b>Liverpool</b>	State <b>New York</b>	Zip <b>13088</b>
4. Business Phone Number <b>(315) 453-2500</b>			5. State of Incorporation <b>New York</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Operation of a retail furniture store</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Neil Goldberg</b>			Vice-President Name <b>Michael Goldberg</b>		
Street Address <b>5057 East Lake Road</b>			Street Address <b>7104 Kittiwake Run</b>		
City <b>Cazenovia</b>	State <b>NY</b>	Zip <b>13035</b>	City <b>Manlius</b>	State <b>NY</b>	Zip <b>13104</b>
Secretary Name <b>Steven Goldberg</b>			Treasurer Name		
Street Address <b>5102 Waterford Wood Way</b>			Street Address		
City <b>Fayetteville</b>	State <b>NY</b>	Zip <b>13066</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State. Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
10		Class A		No Par	
10000		Class B		No Par	
11. 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. <i>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.</i>					
Name of Authorized Representative <b>James F. Poole Jr.</b>				Date <b>4/20/2016</b>	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

**FILED**

**APR 25 2016**

**BY** 1014712 DS

