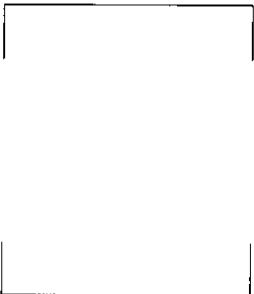




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

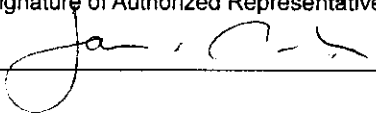
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



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 566793		2. Exact name of the Corporation Raymours Furniture Co., Inc.			
3. Principal Office Address 7248 Morgan Road			City Liverpool	State New York	Zip 13088
4. Business Phone Number (315) 453-2500			5. State of Incorporation New York		
6. Brief description of the character of business conducted in Rhode Island Operation of a retail furniture store					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Neil Goldberg			Vice-President Name Michael Goldberg		
Street Address 5057 East Lake Road			Street Address 7104 Kittiwake Run		
City Cazenovia	State NY	Zip 13035	City Manlius	State NY	Zip 13104
Secretary Name Steven Goldberg			Treasurer Name		
Street Address 5102 Waterford Wood Way			Street Address		
City Fayetteville	State NY	Zip 13066	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>					
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 James F. Poole Jr.				Date 4/20/2016	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

APR 25 2016

BY 1014712 DS

