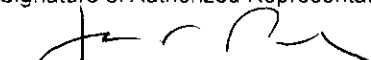




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island Operation of a retail furniture store				
5. State of Incorporation New York					
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
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the 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. 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.					
Name of Authorized Representative James F. Poole Jr.				Date 1/11/2017	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JAN 17 2017
BY 453073 DS