



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

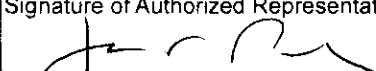
Annual Report for the year: **2017**

## 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 <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. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>Operation of a retail furniture store</b>													
5. State of Incorporation <b>New York</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									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>10</td><td>Class A</td><td>No par</td></tr><tr><td>10000</td><td>Class B</td><td>No par</td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10	Class A	No par	10000	Class B	No par
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. <b>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.</b>														
Name of Authorized Representative <b>James F. Poole Jr.</b>				Date <b>1/11/2017</b>										
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

FORM 630 - Revised: 10/2016