



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.

FILED *OR*
JAN 25 2017
 BY 15458

| | | | | | |
|--|-----------------|---|---|--------------------|--------------------------|
| 1. Entity ID Number 125567 | | 2. Exact name of the Corporation Massud & Sons Discount Carpet Center, Inc. | | | |
| 3. Principal Office Address 772 Dexter Street | | | City Central Falls | State RI | Zip 02863 |
| 4. NAICS Code 44-45 - Retail Trade | | 6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SALE AND INSTALLATION OF CARPETS, RUGS, FLOOR COVERINGS AND SURFACES OF ALL KINDS. | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Joseph M. Massud | | | Vice-President Name Paul S. Massud | | |
| Street Address 772 Dexter Street | | | Street Address 772 Dexter Street | | |
| City Central Falls | State RI | Zip 02863 | City Central Falls | State RI | Zip 02863 |
| Secretary Name Michael A. Massud | | | Treasurer Name Michael A. Massud | | |
| Street Address 772 Dexter Street | | | Street Address 772 Dexter Street | | |
| City Central Falls | State RI | Zip 02863 | City Central Falls | State RI | Zip 02863 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Joseph M. Massud | | | Director Name NONE | | |
| Street Address 772 Dexter Street | | | Street Address | | |
| City Central Falls | State RI | Zip 02863 | City | State | Zip |
| Director Name NONE | | | Director Name NONE | | |
| 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 |
| | | 100 | | Common | No Par Value |
| 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 Joseph M. Massud | | | | | Date 1/20/2017 |
| Signature of Authorized Representative <i>Joseph M. Massud</i> | | | | | |

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