



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 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 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 88529		2. Exact name of the Corporation Jimmy Stuart Carpet and Upholstery Cleaners, Inc.				
3. Principal office address 325 Market Street			City Warren	State RI	Zip 02885	
4. Business Phone No.			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To conduct the business of cleaning carpets, rugs, upholstery furniture, tapestry, mattresses and pillows. <i>and flooring sales / installation</i>						
President Name James Stuart			Vice-President Name			
Street Address 325 Market Street			Street Address			
City Warren	State RI	Zip 02885	City	State	Zip	
Secretary Name Sheri A. Stuart			Treasurer Name James Stuart			
Street Address 325 Market Street			Street Address 325 Market Street			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885	
Director Name James Stuart			Director Name Sheri A. Stuart			
Street Address 325 Market Street			Street Address 325 Market Street			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				100	Common	No Par

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.

FILED

FEB 13 2017

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.

Signature of Authorized Representative *[Signature]* Date **2-7-17**

BY *[Signature]* Print or Type Name of Authorized Representative **James Stuart**