



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 61404		2. Exact name of the Corporation Orion Retail Services & Fixturing, Inc.			
3. Principal Office Address 270 Jenckes Hill Road			City Smithfield	State RI	Zip 02917
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Manufacture, sale and installation of furniture, flooring and fixtures			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth S. Musket			Vice-President Name Thomas McKay		
Street Address 270 Jenckes Hill Road			Street Address 270 Jenckes Hill Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Thomas McKay			Treasurer Name Kenneth S. Musket		
Street Address 270 Jenckes Hill Road			Street Address 270 Jenckes Hill Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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
		271		Common	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 Kenneth S. Musket			Date FILED FEBRUARY 07, 2017		
Signature of Authorized Representative <i>K S Musket</i>			FEB 13 2017 <i>322995</i>		

MAIL TO:
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 Website: www.sos.ri.gov