



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

Annual Report for the year: 2017
Corporation

STAMP

- 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 127110		2. Exact name of the Corporation FELTER IMPORTS, INC.			
3. Principal Office Address 126 Cliff Drive		City Narragansett		State RI	Zip 02882
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island To import and export, export and buy, sell, and generally deal in household goods and house furnishings			
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 Maria T. Rodriguez			Vice-President Name Maria T. Rodriguez		
Street Address 126 Cliff Drive			Street Address 126 Cliff Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Maria T. Rodriguez			Treasurer Name Maria T. Rodriguez		
Street Address 126 Cliff Drive			Street Address 126 Cliff Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maria T. Rodriguez			Director Name		
Street Address 126 Cliff Drive			Street Address		
City Narragansett	State RI	Zip 02882	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 Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000.00		CNP		\$0.0000	
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 Maria T. Rodriguez				Date 1/26/17	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

FEB 13 2017

BY

293 DS

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