



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. 91876		2. Exact name of the Corporation Creative Office Interiors, Inc			
3. Principal office address 10 Mutual Place			City Providence	State RI	Zip 02906
4. Business Phone No. 401-274-2444			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Full Service Office Furniture Dealer					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Denise Horn			Vice-President Name		
Street Address One Design Ctr Place			Street Address		
City Boston	State MA	Zip 02210	City	State	Zip
Secretary Name Gerard Weber			Treasurer Name Angelo DeBenedictis		
Street Address One Design Ctr Place			Street Address One Design Ctr Place		
City Boston	State MA	Zip 02210	City Boston	State MA	Zip 02210
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Gardner			Director Name Samual Scilabba		
Street Address One Design Ctr Place			Street Address One Design Ctr Place		
City Boston	State MA	Zip 02210	City Boston	State MA	Zip 02210
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100000	Common	3673

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.

File Date **FILED**

Check No _____
 By: **FEB 21 2017**

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

BY **105134**
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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

Date **2/17/17**

Print or Type Name of Authorized Representative