



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 000485385		2. Exact name of the Corporation Interior Creations, Inc.			
3. Principal Office Address 365 S. Main Street, Apt 1			City Woonsocket	State RI	Zip 02895
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Sales and Installation of Floor Coverings			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Brouillard			Vice-President Name SAME		
Street Address 365 S. Main Street, Apt 1			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME			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
		2000	STK	\$.01	
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 Michael Brouillard				Date 03/10/2017	
Signature of Authorized Representative 				FILED MAR 15 2017 11:00 BY <u>u 29863</u>	
SIGN DOCUMENT HERE					

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 BUS. SERVICES DIV.
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