



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
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 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			
		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. 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 Michael Brouillard				Date 03/10/2017	
Signature of Authorized Representative					

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

FILED
MAR 15 2017 10:59
BY 6298203