RI SOS Filing Number: 201738260050 Date: 3/17/2017 4:00:00 PM

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	2. Exact name of the Corporation			
120287	**Central Oriental Home Fashions, Inc.**			
3. Principal Office Address		City	State	Zip
155 Brookside Avenue		**West Warwick**	**RI**	**02893**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services (except Pul	**MANUFACTURE, PURCHASE OR OTHERWISE ACQUIRE, INVEST IN, TRADE, DEAL IN OR DEAL WITH IMPORTED RUGS AND WARES AND MERCHANDISE OF EVERY CLASS AND DESCRIPTION**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Michael Litner**			Vice-President Name		
Street Address **155 Brookside Avenue**			Street Address		
City **West Warwick**	State **RI**	Zip **02893**	City	State	Zip
Secretary Name **Steven I. Rosenbaum**			Treasurer Name **Paul Kawa**		
Street Address **30 Exchange Terrace**			Street Address **155 Brookside Avenue**		
City **Providence**	State **RI**	Zip **02903**	City **West Warwick**	State **RI**	Zip **02893**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Michael Litner**			Director Name **Alan Ross**		
Street Address **155 Brookside Avenue**			Street Address **155 Brookside Avenue**		
City **West Warwick**	State **RI**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**1000**	**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	Date
Michael Litner	3/8/17
Signature of Authorized Representative	

FILED
MAR 17 2017
BY 298495 A.A

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

FORM 630 - Revised: 10/2016