



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 2018

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. 1336403		2. Exact name of the Corporation REVIVAL INTERIORS, INC (327110)			
3. Principal office address 100 MAIN STREET			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-596-8825			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RETAIL OF PLUMBING FIXTURES, TILE, KITCHEN CABINETS, LIGHTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name JOSEPH V. MOLINARO, JR			Vice-President Name BETH CARVER		
Street Address 10 PEQUOT RUN			Street Address 10 PEQUOT RUN		
City PAWCATUCK	State CT	Zip 06379	City PAWCATUCK	State CT	Zip 06379
Secretary Name BETH CARVER			Treasurer Name JOSEPH V. MOLINARO, JR		
Street Address 10 PEQUOT RUN			Street Address 10 PEQUOT RUN		
City PAWCATUCK	State CT	Zip 06379	City PAWCATUCK	State CT	Zip 06379
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name JOSEPH V. MOLINARO, JR			Director Name BETH CARVER		
Street Address 10 PEQUOT RUN			Street Address 10 PEQUOT RUN		
City PAWCATUCK	State CT	Zip 06379	City PAWCATUCK	State CT	Zip 06379
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 checked="" 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
			2000	CNP	0.00

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 _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
FEB 09 2018
1309

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

JOSEPH V. MOLINARO, JR

Print or Type Name of Authorized Representative

Form No. 630
 Revised: 01/2012

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

Signature of Authorized Representative

FILED

FEB 09 2018

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
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BY **1250**