RI SOS Filing Number: 201859341490 Date: 2/27/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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		
94253	Antique Furnishings Inc.		
3. Principal Office Address	City	State	Zip
355 Compass Circle	North Kingstown	RI	02852
4. NAICS Code 811420	6. Brief description of the character of business conducted in Rhode Island		
81 - Other Services (except Pul	To own and operate an antique restoration and furniture repair business.		
5. State of Incorporation			
RI			

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

President Name	Street Address	City	State	Zip
Raymond Dubois	218 Ten Rod Road	North Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
Philip Dubois	121 Bowen Hill Road	Coventry	RI	02827

Secretary Name	Street Address	City	State	Zip
Raymond Dubois	218 Ten Rod Road	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Raymond Dubois	218 Ten Rod Road	North Kingstown	RI	02852

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

Director Name	Street Address	City	State	Zip
Raymond Dubois	218 Ten Rod Road	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	Common	No Par Value

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
Raymond Dubois	

Signature of Authorized Representative: Raymond Dubois SIGNED DOCUMENT FILED 2/27/18

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

FEB 27 2018
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FORM 630 - Revised: 10/2016