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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation		
100325	West Shore Carpet & Blinds, Inc.		
3. Principal Office Address	City	State	Zip
756 West Shore Road	Warwick	RI	02889
4. NAICS Code: 81	6. Brief description of the character of business conducted in Rhode Island: Retail and/or wholesale of carpeting and window treatments.		
5. State of Incorporation: Rhode Island	424990		

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

President Name: Paul M. Tremblay			Vice-President Name: Jose C. Benavidez		
Street Address: 756 West Shore Road			Street Address: 756 West Shore Road		
City: Warwick	State: RI	Zip: 02889	City: Warwick	State: RI	Zip: 02889
Secretary Name: Paul M. Tremblay			Treasurer Name: Paul M. Tremblay		
Street Address: 756 West Shore Road			Street Address: 756 West Shore Road		
City: Warwick	State: RI	Zip: 02889	City: Warwick	State: RI	Zip: 02889

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

Director Name			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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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: **Paul M. Tremblay, President**

Date: 2/12/18

Signature of Authorized Representative: Paul M. Tremblay

SIGN DOCUMENT HERE

FILED

FEB 28 2018

BY VV035

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: 10/2017