



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 100325		2. Exact name of the Corporation West Shore Carpet & Blinds, Inc.			
3. Principal Office Address 756 West Shore Road		City Warwick		State RI	Zip 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					
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	
100		Common		no par value	
Changes require an additional filing.					
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 2/19/18
Signature of Authorized Representative <i>Paul M. Tremblay</i>					SIGN DOCUMENT HERE

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

FEB 28 2018

BY

V/035

FORM 630 - Revised: 10/2017