

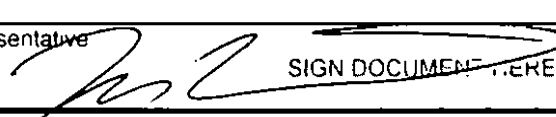


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 MAR -1 PM 1:31

1. Entity ID Number 1659121		2. Exact name of the Corporation Federal Hill Home Theaters, Inc.			
3. Principal Office Address 360 East Avenue		City Warwick		State RI	Zip 02886
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island Sale and installation of media products			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew W. Lucchetti			Vice-President Name Rachel M. Goroza		
Street Address 360 East Avenue			Street Address 360 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Rachel M. Goroza			Treasurer Name Rachel M. Goroza		
Street Address 360 East Avenue			Street Address 360 East Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		\$01	
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 Matthew W. Lucchetti, President					Date 02/23/18
Signature of Authorized Representative 					FILED

MAR 01 2018

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