

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 -2 PM 12:35

1. Entity ID Number 000788225		2. Exact name of the Corporation J G CARPET INSTALLATION, INC.			
3. Principal Office Address 367 LONSDALE AVE			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 238900	6. Brief description of the character of business conducted in Rhode Island CARPET INSTALLATION				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name JOAQUIM GONCALVES			Vice-President Name		
Street Address 367 LONSDALE AVE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name JOAQUIM GONCALVES			Treasurer Name JOAQUIM GONCALVES		
Street Address 367 LONSDALE AVE			Street Address 367 LONSDALE AVE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name JOAQUIM GONCALVES			Director Name		
Street Address 367 LONSDALE AVE			Street Address		
City PAWTUCKET	State RI	Zip 02860	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 <i>Joachim Goncalves</i>					Date
Signature of Authorized Representative JOAQUIM GONCALVES					

FILED

MAR 02 2018

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

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