



**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 <b>60267</b>		2. Exact name of the Corporation <b>E. Raymond Interiors, Inc.</b>			
3. Principal Office Address <b>815 Oaklawn Avenue, Unit B</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>541410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Interior design consulting.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Edward Raymond, Jr.</b>			Vice-President Name <b>Edward Raymond, Jr.</b>		
Street Address <b>815 Oaklawn Avenue, Unit B</b>			Street Address <b>815 Oaklawn Avenue, Unit B</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Edward Raymond, Jr.</b>			Treasurer Name <b>Edward Raymond, Jr.</b>		
Street Address <b>815 Oaklawn Avenue, Unit B</b>			Street Address <b>815 Oaklawn Avenue, Unit B</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>Edward Raymond, Jr.</b>			Director Name		
Street Address <b>815 Oaklawn Avenue, Unit B</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
					PAR VALUE
					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.					
<b>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.</b>					
Name of Authorized Representative <b>Edward Raymond, Jr., President</b>					Date <b>3/21/18</b>
Signature of Authorized Representative <i>Edward Raymond, Jr.</i>					<b>FILED</b>
					<b>APR 05 2018</b>

RECEIVED  
 SECRETARY OF STATE  
 CORPORATION DIV  
 APR - 5 AM 11:25  
 02920

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 328120  
A.A. 11:27 A.M.