RI SOS Filing Number: 201881681900 Date: 11/26/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

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→ Penalty: Additional \$25.00 fee if form is not filed by April 1.				22				
1. Entity ID Number	2. Exact na:	2. Exact name of the Corporation						
000796472	Ca	1 coulet	Tw.			ľ		
3. Principal Office Address		L Carpet	City		State	Zip		
22 Gerald S			Paulo	cket	PI	02860		
4. NAICS Code			cter of business con			1 - 0 60		
238330	t							
5. State of Incorporation		Carpet and Flooring Installation.						
RI		Carren an	uo Fubr	ing Im	sta llativi	^ .		
7. List ALL officers (names and	d addresses)			Char	the how to indic	oto an attachment		
President Name	Name			Check the box to indicate an attachment Vice-President Name				
Maria Linda Rodnguez			_ vor	vone				
Street Address	Street Address							
City	aft b		—·					
22 Gerald St City Pawtuck et	RI	Zip 02860	City		State	Zıp		
Secretary Name			Treasurer Name					
·			none	<u>-</u>				
Street Address		•	Street Address	<u>-</u>	<u> </u>			
City	State	Zıp	City	_ -	Tour			
		1	City		State	Zip		
8. List ALL directors (names an	nd addresses)			Che	ck the box to indic	cate an attachment		
Director Name			Director Name	·				
Street Address			More					
			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
none			none	none				
Street Address			Street Address	-	-			
City	State	Zıp	City		State	Zip		
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Shares Authorized This information is currently of its content of its co	socoed in the	10. Shares Issurted in the NUMBER OF S		The state of the s				
Department of State.	record in the	NOWSEK!	DE SHARES	CLASS/SE	R'ES	PAR VALUE		
Changes require an additional fi	:•:	no	ne		Ì	.01		
onanges require an adomonal h	uing.							
11. This report must be execut	ed on behalf of th	e corporation by an	authorized represe	ntative. If the cou	rooration is in the	honda of a resident		
finazioe, itila report must be ext	ecuted on behalf (of the cornoration by	I the receiver or true	tan				
Under penalty of perjury, I de	eclare and affirm	that I have exami	ned this report, inc	luding any acc	ompanying sch	edules and		
statements, and that all state Name of Authorized Represen	tative	<u>o nerein are true a</u>	nd correct.		Date			
ru CD						۱ ا		
Mana Guda Rodriguez Signature of Authorized Representative								
Signature of Authorized Representative								
MUA TO COLO								
MAIL TO:								

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov