



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED STATE
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2018 NOV 26 AM 10:22

1. Entity ID Number <u>000796472</u>		2. Exact name of the Corporation <u>C&L Carpet Inc.</u>	
3. Principal Office Address <u>22 Gerald St apt B</u>		City <u>Pawtucket</u>	State <u>RI</u>
4. NAICS Code <u>238330</u>		5. Brief description of the character of business conducted in Rhode Island <u>Carpet and Flooring Installation.</u>	
6. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Maria Linda Rodriguez</u>		Vice-President Name <u>none</u>	
Street Address <u>22 Gerald St apt B</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	City	State
Zip <u>02860</u>		Zip	
Secretary Name		Treasurer Name <u>none</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>none</u>	CLASS/SERIES <u>.01</u>
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 <u>Maria Linda Rodriguez</u>		Date <u>11/26/18</u>	
Signature of Authorized Representative 		FILED NOV 26 2018	