



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

FILED

JAN 09 2019

BY 2508

Annual Report for the year: 2019 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 000163783		2. Exact name of the Corporation McCartney Interiors, Inc			
3. Principal Office Address 3 Capitol Street			City Nashua	State NH	Zip 03063
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island Drywall Contractor			
5. State of Incorporation NH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary McCartney			Vice-President Name Mary McCartney		
Street Address 3 Capitol Street			Street Address 3 Capitol Street		
City Nashua	State NH	Zip 03063	City Nashua	State NH	Zip 03063
Secretary Name Mary McCartney			Treasurer Name Mary McCartney		
Street Address 3 Capitol Street			Street Address 3 Capitol Street		
City Nashua	State NH	Zip 03063	City Nashua	State NH	Zip 03063
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mary McCartney			Director Name		
Street Address 3 Capitol Street			Street Address		
City Nashua	State NH	Zip 03063	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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	0.00
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 Clare Morin				Date 1/3/19	
Signature of Authorized Representative SIGN DOCUMENT HERE					