



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

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.

SECRETARY OF STATE  
CORPORATIONS DIV

2019 JAN 25 PM 1:44

1. Entity ID Number <b>1665781</b>		2. Exact name of the Corporation <b>MARK KOUSSA CARPENTRY, INC.</b>									
3. Principal Office Address <b>98 PURCHASE STREET</b>			City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>						
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL REMODELING AND CARPENTRY</b>									
5. State of Incorporation <b>MASSACHUSETTS</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>MARK KOUSSA</b>			Vice-President Name <b>NONE</b>								
Street Address <b>98 PURCHASE STREET</b>			Street Address								
City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip						
Secretary Name <b>ANITA KOUSSA</b>			Treasurer Name <b>MARK KOUSSA</b>								
Street Address <b>98 PURCHASE STREET</b>			Street Address <b>98 PURCHASE STREET</b>								
City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>						
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Director Name <b>MARK KOUSSA</b>			Director Name <b>ANITA KOUSSA</b>								
Street Address <b>98 PURCHASE STREET</b>			Street Address <b>98 PURCHASE STREET</b>								
City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>REHOBOTH</b>	State <b>MA</b>	Zip <b>02769</b>						
Director Name <b>NONE</b>			Director Name <b>NONE</b>								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>0</b></td> <td></td> <td><b>0</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>0</b>		<b>0</b>
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
<b>0</b>		<b>0</b>									
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>MARK KOUSSA</b>				Date <b>1/21/19</b>							
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b>							

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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BY CK 1511

FORM 630 - Revised: 10/2017