



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.

FILED

MAR 14 2019

BY 6357

1. Entity ID Number 46295		2. Exact name of the Corporation CARRIAGE HOUSE CUSTOM HOMES & INTERIORS, INC.	
3. Principal Office Address 713 Putnam Pike		City Smithfield	State RI
		Zip 02828	
4. NAICS Code 236116	6. Brief description of the character of business conducted in Rhode Island The sale of Lindal homes and products and the purchase, sale, construction, alteration and renovation of structures, buildings and dwellings.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mark S. Carter		Vice-President Name Patricia E. Carter	
Street Address 713 Putnam Pike		Street Address 713 Putnam Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02828		Zip 02828	
Secretary Name Patricia E. Carter		Treasurer Name Mark S. Carter	
Street Address 713 Putnam Pike		Street Address 713 Putnam Pike	
City Smithfield	State RI	City Smithfield	State RI
Zip 02828		Zip 02828	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Mark S. Carter		Director Name None	
Street Address 713 Putnam Pike		Street Address	
City Smithfield	State RI	City	State
Zip 02828		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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	
		600	common
			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. 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 Mark S. Carter		Date 1/23/2019	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov