



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 96733		2. Name of Corporation 4 Seasons Carpet Workshop Inc.			
3. Street Address Principal Business Office 1560 Elmwood Ave		City Cranston		State RI	Zip 02910
4. Business Phone No. 401-781-8466		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION OF CARPET, VINYL, CERAMIC TILE, SUBFLOORS, CARPET BINDING, REPAIRS TO FLOOR COVERINGS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert E. Greaves			Vice President Name Russell A. Greaves		
Street Address 792 Ledge Road			Street Address Watson Street		
City Seekonk	State MA.	Zip 02771	City Seekonk	State MA.	Zip 02771
Secretary Name Susan M. Greaves			Treasurer Name Susan M. Greaves		
Street Address 792 Ledge Road			Street Address 792 Ledge Road		
City Seekonk	State MA.	Zip 02771	City Seekonk	State MA.	Zip 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Same as Above			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date MAR 23 2005 htb  
Check No. \_\_\_\_\_  
By MB  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

Robert E. Greaves 1-5-04  
Signature of Officer Date  
Robert E. Greaves  
Print or Type Name of Officer  
President  
Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

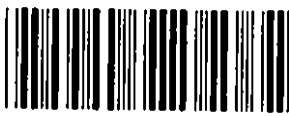
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 96733		2. Name of Corporation 4 Seasons Carpet Workshop Inc.			
3. Street Address Principal Business Office 1560 Elmwood Ave		City Cranston		State RI	Zip 02910
4. Business Phone No. 401 781 8466		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION OF CARPET, VINYL, CERAMIC TILE, SUBFLOORS, CARPET BINDING, REPAIRS TO FLOOR COVERINGS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert E. Greaves			Vice President Name Russell Greaves		
Street Address 792 Ledge Road			Street Address Watson Street		
City Seekonk	State Ma.	Zip 02771	City Seekonk	State Ma.	Zip 02771
Secretary Name Susan Greaves			Treasurer Name Susan Greaves		
Street Address 792 Ledge Road			Street Address 792 Ledge Road		
City Seekonk	State Ma.	Zip 02771	City Seekonk	State Ma.	Zip 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 3 3 \*

File Date 3/16/04  
Check No. 116205  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Robert E. Greaves 3-8-04  
Signature of Officer Date  
Robert E. Greaves  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

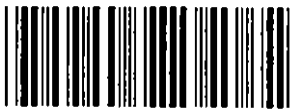


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>96733</b>		2. Name of Corporation <b>4 Seasons Carpet Workshop Inc.</b>	
3. Street Address Principal Business Office <b>1560 Elmwood Ave</b>		City <b>Cranston</b>	State <b>RI</b>
4. Business Phone No. <b>401 781-8466</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>414</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sales and Installation</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Robert E. Greaves</b>		Vice President Name <b>Russell A. Greaves</b>	
Street Address <b>792 Ledge Road</b>		Street Address <b>79 Watson Street</b>	
City <b>Seekonk</b>	State <b>ma.</b>	City <b>Seekonk</b>	State <b>ma.</b>
Zip <b>02771</b>		Zip <b>02771</b>	
Secretary Name <b>Susan Greaves</b>		Treasurer Name <b>Same</b>	
Street Address <b>792 Ledge Road</b>		Street Address	
City <b>Seekonk</b>	State <b>ma.</b>	City	State
Zip <b>02771</b>		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
<b>1,000 COMM NO PAR VALUE</b>		<b>NONE</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 3 3 \*

File Date: **2-6-03**

Check No.: **13551**

By: **UP**

FOR SECRETARY OF STATE USE ONLY

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.

**Robert E. Greaves** **2-3-03**  
Signature of Officer Date

**Robert E. Greaves**  
Print or Type Name of Officer

**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96733 2. Name of Corporation 4 Seasons Carpet Workshop Inc.

3. Street Address Principal Business Office

1560 Elmwood AVE

City

Cranston

State

RI.

Zip

02910

4. Business Phone No.

401-781-8466

5. State of Incorporation

RHODE ISLAND

6. SIC Code

414

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales and Installation of Floor Covering

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Robert E. Greaves

Street Address

792 Ledge Road

City

Seekonk

State

ma.

Zip

02771

Secretary Name

SUSAN M. Greaves

Street Address

792 Ledge Road

City

Seekonk

State

MA.

Zip

02771

Vice President Name

RUSSELL A. Greaves

Street Address

79 Watson Street

City

Seekonk

State

ma.

Zip

02771

Treasurer Name

SUSAN M. Greaves

Street Address

792 Ledge Road

City

Seekonk

State

ma.

Zip

02771

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

NONE

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 3 3 \*

File Date: 2-5-02

Check No.: 11511

By: Robert E. Greaves

FOR SECRETARY OF STATE USE ONLY

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.

Robert E. Greaves 2-1-02  
Signature of Officer Date

Robert E. Greaves  
Print or Type Name of Officer

president  
Title of Officer

5



**ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

Corporate ID No. <b>96733</b>	Name of Corporation <b>4-Seasons Carpet Workshop Inc</b>		
Street Address Principal Business Office <b>1560 Elmwood AVE</b>		City <b>Cranston</b>	State <b>RI.</b>
Business Phone No. <b>401-781-8466</b>	State of Incorporation <b>RI</b>		Zip <b>02910</b>
SIC Code <b>0914</b>			

Description of the Character of Business Conducted in Rhode Island  
**Sales and Installation of Floor Covering**

**NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Robert E. Greaves</b>			Vice President Name <b>Russell A. Greaves</b>		
Street Address <b>792 Ledge Rd</b>			Street Address <b>39 Watson St</b>		
City <b>Seekonk</b>	State <b>MA.</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA.</b>	Zip <b>02771</b>
Secretary Name <b>Susan M. Greaves</b>			Treasurer Name <b>Susan M. Greaves</b>		
Street Address <b>792 Ledge Rd</b>			Street Address <b>792 Ledge Rd</b>		
City <b>Seekonk</b>	State <b>MA.</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA.</b>	Zip <b>02771</b>

**NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) ☐**

Number of Shares	Class/Series	Par Value
<b>1000</b>	<b>Comm.</b>	<b>NO</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ☐**

Number of Shares	Class/Series	Par Value
<b>None</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED** 10. NOV 01 9 AM

Date: **NOV 06 2001**

Check No.: **By SC 80**

By: **ck # 11105**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **Robert E. Greaves** Date: **11-5-01**

Print or Type Name of Officer: **Robert E. Greaves**

Title of Officer: **president**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation	
96733		4 Seasons Carpet Workshop Inc.	
3. Street Address Principal Business Office		City	State
1560 Elmwood Ave		Cranston	RI.
4. Business Phone No.		Zip	
401 781 8466		02910	
5. State of Incorporation		6. SIC Code	
RHODE ISLAND		414	
7. Brief Description of the Character of Business Conducted in Rhode Island			
Retail sales of Floor covering and Installation			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name		Vice President Name	
Robert E. Greaves		Russell A. Greaves	
Street Address		Street Address	
792 Ledge Rd.		79 WATSON ST.	
City		City	
Seekonk MA.		Seekonk MA.	
Zip		Zip	
02771		02771	
Secretary Name		Treasurer Name	
SUSAN M. Greaves		SUSAN M. Greaves	
Street Address		Street Address	
792 Ledge Rd.		792 Ledge Rd.	
City		City	
Seekonk MA.		Seekonk MA.	
Zip		Zip	
02771		02771	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name		Director Name	
NONE			
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 COMM NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
NONE			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 3 3 \*

File Date: 2/23/00  
Check No.: 9034  
By: [Signature]

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.

Signature of Officer: Robert E. Greaves  
Date: 2-19-00  
Print or Type Name of Officer: Robert E. Greaves



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

**STOP**  
PLEASE READ  
INSTRUCTIONS

1. Corporate ID No. <b>98733</b>		2. Name of Corporation <b>4 Seasons Carpet Workshop Inc.</b>	
3. Street Address Principal Business Office <b>190 unit B Newport Ave</b>		City <b>East Prov.</b>	State <b>RI.</b>
4. Business Phone No. <b>401-431-9207</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>0414</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Installation and Sales of Floor covering</b>			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Robert E. Greaves</b>		Vice President Name <b>Russell A. Greaves</b>	
Street Address <b>792 Ledge Rd</b>		Street Address <b>792 Ledge Rd.</b>	
City <b>Seekonk</b>	State <b>MA.</b>	City <b>Seekonk</b>	State <b>MA.</b>
Zip <b>02771</b>		Zip <b>02771</b>	
Secretary Name <b>Susan M. Greaves</b>		Treasurer Name <b>Susan M. Greaves</b>	
Street Address <b>792 Ledge Rd</b>		Street Address <b>792 Ledge Rd</b>	
City <b>Seekonk</b>	State <b>MA.</b>	City <b>Seekonk</b>	State <b>MA.</b>
Zip <b>02771</b>		Zip <b>02771</b>	
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
<b>1,000 COMM NO PAR VALUE</b>		<b>NONE</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 3 3 \*

File Date: **Jan 25, 99**

Check No.: **5622**

By: **JD.**

FOR SECRETARY OF STATE USE ONLY

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.

**Robert E. Greaves** 1-20-99  
Signature of Officer Date

**Robert E. Greaves**  
Print or Type Name of Officer

**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

**96733**

2. Name of Corporation

**4 Seasons Carpet Workshop Inc.**

3. Street Address Principal Business Office

**190 Unit B Newport Ave**

City

**E. Prov.**

State

**RI.**

Zip

**02916**

4. Business Phone No.

**401 431 9207**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**8914**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Carpet and Vinyl Installation and sales**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

**Robert E Greaves**

Street Address

**792 Ledge Rd**

City

**Seekonk**

State

**MA.**

Zip

**02771**

Secretary Name

**SUSAN Greaves**

Street Address

**792 Ledge Road**

City

**Seekonk**

State

**MA**

Zip

**02771**

Vice President Name

**Russell Greaves**

Street Address

**792 Ledge Rd**

City

**Seekonk**

State

**MA.**

Zip

**02771**

Treasurer Name

**SUSAN Greaves**

Street Address

**792 Ledge Road**

City

**Seekonk**

State

**MA**

Zip

**02771**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 COMM NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**X**

**X**

**X**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 6 7 3 3 \*

File Date: **6/29/98**

Check No.: **4400**

By: **GAB**

FOR SECRETARY OF STATE USE ONLY

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.

**Robert E. Greaves** **6-9-98**

Signature of Officer

Date

**Robert E. Greaves** **6-9-98**

Print or Type Name of Officer

**President**

Title of Officer