

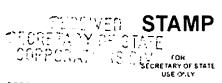
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50 00



2020 JAN 30 PH 12: 53

→ Penalty ⁻ Additional \$25	5.00 fee if form is no	t filed by April 1.				.· 55 	
1. Entity ID Number 1665781		2. Exact name of the Corporation MARK KOUSSA CARPENTRY, INC.					
3. Principal Öffice Address 98 PURCHASE STREET			City REHOBOTH		State MA	Zıp 02769	
4. NAICS Code	6. Brief descr	iption of the charac	cter of business condu	ucted in Rhode Isla	and	1	
236118	GENERAL F	GENERAL REMODELING AND CARPENTRY					
5. State of Incorporation MASSACHUSETTS	\neg						
7. List ALL officers (names ar	ind addresses)				e box to indic	cate an attachment	
President Name MARK KOUS			Vice-President Nam				
Street Address 98 PURCHASI		Street Address	Street Address				
City REHOBOTH	State MA	^{Zıp} 02769	City		State	Zıp	
Secretary Name ANITA KOUSSA			Treasurer Name MARK KOUSSA				
Street Address 98 PURCHASE STREET			Street Address 98	Street Address 98 PURCHASE STREET			
City REHOBOTH	State MA	Zıp 02769	City REHOBOTH	1	State MA	^{Zip} 02769	
8 List ALL directors (names	and addresses)		Y	Check th	e box to indi	cate an attachment 🔲	
Director Name MARK KOUSS	SA	Director Name ANI	ANITA KOUSSA				
Street Address 98 PURCHASE STREET			Street Address 98	Street Address 98 PURCHASE STREET			
City REHOBOTH	State MA	Z ^{IP} 02769	City REHOBOTH	1	State MA	Zip 02769	
Director Name NONE		•	Director Name	Director Name NONE			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		40 Characle		Chaak th	hara ta radi		
9. Shares Authorized This information is currently o	of record in the	10. Shares Iss	SUED OF SHARES	Check th CLASS/SERIES	e box to mun	cate an attachment PAR VALUE	
Department of State.		0				0	
Changes require an additional	l filing.	-					
11. This report must be execu	cuted on behalf of the	corporation by an	authorized representa	ative. If the corpora	ation is in the	hands of a receiver or	
trustee, this report must be e	executed on behalf of	the corporation by	the receiver or truste	ee.			
Under penalty of perjury, I statements, and that all sta	atements contained			iding any accomp	anying sche	edules and	
Name of Authorized Represe					Date		
MARK KOUSSA				. ~A	1-6	2-20	
Signature of Authorized Repr			1-11			<u>.</u>	
X anita H.	Koussa	SIGN DU	DCUMENT HERE	. a v 2020			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 3 0 2020 BY 1524 A.A.

FORM 630 - Revised: 10/2017