



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
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STAMP
SECRETARY OF STATE
CORPORATION DIVISION
FOR SECRETARY OF STATE
USE ONLY
2020 JAN 30 PM 12:53

1. Entity ID Number 1665781		2. Exact name of the Corporation MARK KOUSSA CARPENTRY, INC.			
3. Principal Office Address 98 PURCHASE STREET		City REHOBOTH		State MA	Zip 02769
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island GENERAL REMODELING AND CARPENTRY			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK KOUSSA			Vice-President Name NONE		
Street Address 98 PURCHASE STREET			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Secretary Name ANITA KOUSSA			Treasurer Name MARK KOUSSA		
Street Address 98 PURCHASE STREET			Street Address 98 PURCHASE STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK KOUSSA			Director Name ANITA KOUSSA		
Street Address 98 PURCHASE STREET			Street Address 98 PURCHASE STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			0		
			0		
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 KOUSSA				Date 1-2-20	
Signature of Authorized Representative <i>X Anita H. Koussa</i>				SIGN DOCUMENT HERE FILED JAN 30 2020 BY 1526 A.A.	

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