



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

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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.

1. Entity ID Number <b>000094253</b>		2. Exact name of the Corporation <b>ANTIQUE FURNISHINGS, INC.</b>			
3. Principal Office Address <b>355 Compass Circle</b>		City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>811420</b>	6. Brief description of the character of business conducted in Rhode Island <b>to own and operate an antique restoration and furniture repair business</b>				
5. State of Incorporation <b>RI</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>Raymond Dubois</b>			Vice-President Name <b>Philip Dubois</b>		
Street Address <b>218 Ten Rod Road</b>			Street Address <b>121 Bowen Hill Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02827</b>
Secretary Name <b>Raymond Dubois</b>			Treasurer Name <b>Raymond Dubois</b>		
Street Address <b>218 Ten Rod Road</b>			Street Address <b>218 Ten Rod Road</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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>Raymond Dubois</b>			Director Name <b>None</b>		
Street Address <b>218 Ten Rod Road</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
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>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	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. <i>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.</i>					
Name of Authorized Representative <b>Raymond Dubois</b>				Date <b>1/7/20</b>	
Signature of Authorized Representative  <span style="float: right;"><b>FILED</b></span>					

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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