



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 FEB 25 P 2:07

1. Entity ID Number 120287		2. Exact name of the Corporation Central Oriental Home Fashions, Inc.			
3. Principal Office Address 155 Brookside Avenue			City West Warwick	State RI	Zip 02893
4. NAICS Code 314110 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE, PURCHASE OR OTHERWISE ACQUIRE, INVEST IN, TRADE, DEAL IN OR DEAL WITH IMPORTED RUGS AND WARES AND MERCHANDISE OF EVERY CLASS AND DESCRIPTION			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Litner			Vice-President Name		
Street Address 155 Brookside Avenue			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Steven I. Rosenbaum			Treasurer Name Paul Kawa		
Street Address 30 Exchange Terrace			Street Address 155 Brookside Avenue		
City Providence	State RI	Zip 02903	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Litner			Director Name Paul Kawa		
Street Address 155 Brookside Avenue			Street Address 155 Brookside Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		
			961	Common	No Par
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 Paul Kawa					Date 1/29/2020
Signature of Authorized Representative Paul Kawa					FILED

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

FEB 25 2020

BY **Ch ac 21716**
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FORM 630 - Revised: 10/2016