



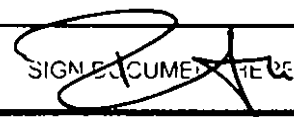
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 MAY 15 AM 10:00

1. Entity ID Number 000065046		2. Exact name of the Corporation MAI OFFICE INTERIORS, INC.			
3. Principal Office Address 1 GOLDSMITH STREET			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 453210		6. Brief description of the character of business conducted in Rhode Island INSTALLATION OF OFFICE FURNITURE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT N IACOVELLI			Vice-President Name		
Street Address 18 SWEETWATER CT			Street Address		
City PALM COAST	State FL	Zip 32137	City	State	Zip
Secretary Name ROBERT N IACOVELLI			Treasurer Name ROBERT N IACOVELLI		
Street Address 18 SWEETWATER CT			Street Address 18 SWEETWATER CT		
City PALM COAST	State FL	Zip 32137	City PALM COAST	State FL	Zip 32137
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT N IACOVELLI			Director Name		
Street Address 18 SWEETWATER CT			Street Address		
City PALM COAST	State FL	Zip 32137	City	State	Zip
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		
			100	COMMON	20.00
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 ROBERT N IACOVELLI				Date 1-8-2020	
Signature of Authorized Representative				 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

MAY 15 2020
 BY **HQT/6C**
 A.A. 10:02 AM
 FORM 630 Revised: 10/2017