



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 125567		2. Name of Corporation Massud & Sons Discount Carpet Center, Inc.			
3. Street Address Principal Business Office 772 Dexter Street			City Central Falls	State RI	Zip 02863
4. Business Phone No. 401-724-6674		5. State of Incorporation Rhode Island			6. SIC Code 4317
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of sale and installation of carpets, rugs, floor coverings, and surfaces of all kinds.					
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Massud			Vice President Name None		
Street Address 772 Dexter Street			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name Michael Massud			Treasurer Name Michael Massud		
Street Address 772 Dexter Street			Street Address 772 Dexter Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Massud			Director Name None		
Street Address 772 Dexter Street			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ()					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No par value	100	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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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.

File Date 2-22-05

Check No 4956

By MS

Signature of Officer Michael Massud Date 2/18/05

Print or Type Name of Officer Michael Massud

Title of Officer President



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3 Street Address Principal Business Office 772 DEXTER STREET			City CENTRAL FALLS	State RI	Zip 02863-
4 Business Phone No 4017246674		5 State of Incorporation RHODE ISLAND		6 SIC Code 4317	
7 Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SALE AND INSTALLATION OF CARPETS, RUGS, FLOOR COVERINGS AND SURFACES OF ALL KINDS.					
8. NAMES AND ADDRESSES OF THE OFFICERS (EX BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Massud			Vice President Name .		
Street Address 772 Dexter Street			Street Address .		
City Central Falls	State RI	Zip 02863	City .	State .	Zip .
Secretary Name Michael Massud			Treasurer Name Michael Massud		
Street Address 772 Dexter Street			Street Address 772 Dexter Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
9. NAMES AND ADDRESSES OF THE DIRECTORS (EX BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Massud			Director Name .		
Street Address 772 Dexter Street			Street Address .		
City Central Falls	State RI	Zip 02863	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED (EX BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (EX BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common Stock	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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125567 DBC 01/07/04 11:09:34 AM

File Date 2-9-04

Check No 3231

By UP

FOR SECRETARY OF STATE USE ONLY

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.

Michael Massud 2-6-04
Signature of Officer Date

Michael Massud
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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City Central Falls	State RI	Zip 02863	City .	State .	Zip .
Secretary Name Michael Massud			Treasurer Name Michael Massud		
Street Address 772 Dexter Street			Street Address 772 Dexter Street		
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Street Address 772 Dexter Street			Street Address .		
City Central Falls	State RI	Zip 02863	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	No Par Value		100	Common Stock	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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125567 DBC 09/03/03 02:55:52 PM

FILED

File Date _____

SEP 05 2003

Check No. _____

By: By 125870 Corp

FOR SECRETARY OF STATE USE ONLY

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.

Michael Massud 9/4/03

Signature of Officer Date

Michael Massud

Print or Type Name of Officer

President

Title of Officer