



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

Annual Report for the year: 2020
Corporation

FILED

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

SEP 30 2020
 BY 5028 OS

1. Entity ID Number 35460		2. Exact name of the Corporation CARRIERE'S UPHOLSTERY & REFINISHING, INC.			
3. Principal Office Address 182 Avenue C (rear)			City Woonsocket	State RI	Zip 02895
4. NAICS Code 451130		6. Brief description of the character of business conducted in Rhode Island UPHOLSTERY OF FUNITURE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Marc Carriere			Vice-President Name Marc Carriere		
Street Address 161 High Street			Street Address 161 High Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Marc Carriere			Treasurer Name Marc Carriere		
Street Address 161 High Street			Street Address 161 High Street		
City Woonsocket	State Ri	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Marc Carriere			Director Name		
Street Address 161 High street			Street Address		
City woonsocket	State Ri	Zip 02895	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	A 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 Marc Carriere				Date 9/25/20	
Signature of Authorized Representative <i>Marc Carriere</i>					