



State of Rhode Island

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.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 NOV -9 A 11: 06

1. Entity ID Number 75631		2. Exact name of the Corporation American Blind Wholesale Outlet, Inc.												
3. Principal Office Address 360 Sunset Avenue			City North Providence	State RI	Zip 02911									
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island Retail sale and installation of window treatments												
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 Tina Clark			Vice-President Name Tina Clark											
Street Address 6 Leonard Drive			Street Address 6 Leonard Drive											
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830									
Secretary Name Tina Clark			Treasurer Name Tina Clark											
Street Address 6 Leonard Drive			Street Address 6 Leonard Drive											
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0			
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100		0												
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 Tina Clark				Date 11/08/20										
Signature of Authorized Representative <i>Tina Clark</i>														

FILED

 NOV 09 2020
 BY 833cy

A.A. 11:09 A.M.