



State of Rhode Island  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

Annual Report for the year: 2020

2020 NOV -9 A 11:06

**Corporation**

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

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10			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. <b>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.</b>					
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.