



State of Rhode Island

Department of State - Business Services Division

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 BUS SVCS DIV

2020 NOV -9 A 11:06 AM

Annual Report for the year: 2018

## 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		
			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. <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

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## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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