RI SOS Filing Number: 202186117750 Date: 1/12/2021 4:00:00 PM

State of Rhode Island Department of State - Business Services Division							
noet	FILED						
Annual Report for the year: 2021			14 N 2021				
→ Filing period: January 1 - March 1			JAN 1 2 2021				
<ul> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> </ul>			ву				
1. Entity ID Number							
32101 New England Carpet Consultants INC  3. Principal Office Address  City State Zip  Sm. th Field RI 02917  4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
3. Principal Office Address			City 1	P ( D	State	Zip 02917	
4. NAICS Code  6. Brief description of the character			of business of	nducted in Rhode Isla	V T	02717	
4. NAICS Code  6. Brief description of the character of business conducted in Rhode Island  Carpat, Vinil, Weed Installation							
5. State of Incorporation							
RI							
7. List ALL officers (names and add President Name	Check the box to indicate an attachment  Vice-President Name						
Edward Skovaon							
21 Blackberry Knoll Way			Street Address				
City	State	Zip 02919	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment						ndicate an attachment 🔲	
Director Name None	Director Name						
Street Address	Street Address						
City	State	Žip	City		State	Zip	
Director Name Director				rector Name			
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue			e box to in	ndicate an attachment  PAR VALUE	
This Information is currently of record in the Department of State.		NUMBER OF SHARES			CLASS/SERIES		
Changes require an additional filing.		600 (		Common		NoPar	
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.							
Edward SkovRow				1-8-2021			
Signature of authorized Representative							
Thurs XA							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov