RI SOS Fi State of Rhode Island Department of				4:00:00 PM		
Annual Report for the year:  Corporation  → Filing period: January 1 - March 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by April 1.			FEB 1 8 2021 50			
1. Entity ID Number 845		e of the Corporation				
3. Principal Office Address 1375 Wampanoag Trail			City Riverside	State R1	Zip 02915	
4. NAICS Code 541410  5. State of Incorporation Rhode Island		Brief description of the character of business conducted in Rhode Island     Interior designs and furnishings				
7. List ALL officers (names and President Name Robert Amen	· · · · · · · · · · · · · · · · · · ·		Vice-President Name	Check the box to ind	icate an attachment	
Street Address  48 Union Street 7 Seal I Sland			Street Address			
City Bristol	State R1	<sup>Zip</sup> 02809	City	State	Zıp	
Secretary Name			Treasurer Name		1	

5. State Rhoc 7. List A Presider Street Ad City Secretary Robert Amendolara Robert Amendolara Street Address Street Address -48 Linion Street 7 Scal Island -75eal Island City Zip 02809 Zip 02809 State City State Bristol Bristol 8. List ALL directors (names and addresses) Check the box to indicate an attachment **Director Name** Director Name Street Address Street Address City Zip State Zip City State Director Name Director Name Street Address Street Address City City State State Zip Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment PAR VALUE This information is currently of record in the NUMBER OF SHARES CLASS/SER ES Department of State. 0 0 Changes require an additional filing. 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 Signature of Authorized

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov