State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

FILED STAMP
FEB 26 2021
10007

1. Entity ID Number	2. Exact name of the Corporation		
797966	EARLE DIAS INTERIORS AND CARPET CLEANING, INC.		
3. Principal Office Address	City	State	Zip
151 WINTHROP STREET	REHOBOTH	MA	02769
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
442210	CARPET AND FLOORING INSTALLATION, MAINTENANCE AND SALES		
5. State of Incorporation			
MASSACHUSETTS			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
EARLE DIAS	91 RESERVOIR AVENUE	REHOBOTH	MA	02769

Vice-President Name	Street Address	City	State	Zip
EARLE DIAS	91 RESERVOIR AVENUE	REHOBOTH	MA	02769

Secretary Name	Street Address	City	State	Zip
PRISCILLA M DIAS	91 RESERVOIR AVENUE	REHOBOTH	MA	02769

Treasurer Name	Street Address	City	State	Zip
EARLE DIAS	91 RESERVOIR AVENUE	REHOBOTH	MA	02769

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
EARLE DIAS	91 RESERVOIR AVENUE	REHOBOTH	MA	02769

Director Name	Street Address	City	State	Zip
PRISCILLA M DIAS	91 RESERVOIR AVENUE	REHOBOTH	MA	02769

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
275,000	COMMON	$100

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	Date
EARLE DIAS	2/24/2021

Signature of Authorized Representative

Priscilla M. Dias, Corp Secretary

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020