



State of Rhode Island and Providence Plantations
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

FEB 26 2021

BY *[Signature]*

1. Entity ID Number 14580		2. Exact name of the Corporation THE KARPET KLINIC, INC.			
3. Principal Office Address 194 Gansett Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island Buying, selling and installing of carpet.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael W. Pirolli			Vice-President Name Michael W. Pirolli		
Street Address 111 Mystery Farm Drive			Street Address 111 Mystery Farm Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name William E. Pirolli			Treasurer Name Michael W. Pirolli		
Street Address 117 Metro Center Boulevard, Suite 3000			Street Address 117 Metro Center Boulevard, Suite 3000		
City Wartwck	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	No Par Value
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 Michael W. Pirolli				Date 2/2/21	
Signature of Authorized Representative <i>Michael W. Pirolli</i>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov