



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

MAR 01 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.

BY 60078
DS

1. Entity ID Number 2027		2. Exact name of the Corporation Bart's Carpet Sales, Inc.			
3. Principal Office Address 491 Davisville Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 314999		6. Brief description of the character of business conducted in Rhode Island selling carpeting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Bartkiewicz, Sr.			Vice-President Name		
Street Address 491 Davisville Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Maria Bartkiewicz			Treasurer Name Peter Bartkiewicz, Sr.		
Street Address 491 Davisville Road			Street Address 491 Davisville Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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 Peter Bartkiewicz, Sr.					Date ✓ 2-25-21
Signature of Authorized Representative 					

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: 06/2020