State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 1 2021

BY 23291

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.

1. Entity ID Number	2. Exact name of the Corporation
120287	Central Oriental Home Fashions, Inc.

3. Principal Office Address	City	State	Zip
155 Brookside Avenue	West Warwick	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
314110	MANUFACTURE, PURCHASE OR OTHERWISE ACQUIRE, INVEST IN, TRADE, DEAL IN OR DEAL WITH IMPORTED RUGS AND WARES AND MERCHANDISE OF EVERY CLASS AND DESCRIPTION
5. State of Incorporation: Rhode Island	

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

President Name: Michael Litner			Vice-President Name:		
Street Address: 155 Brookside Avenue			Street Address:		
City: West Warwick	State: RI	Zip: 02893	City:	State:	Zip:
Secretary Name: Steven I. Rosenbaum			Treasurer Name: Paul Kawa		
Street Address: 30 Exchange Terrace			Street Address: 155 Brookside Avenue		
City: Providence	State: RI	Zip: 02903	City: West Warwick	State: RI	Zip: 02893

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

Director Name: Michael Litner			Director Name: Paul Kawa		
Street Address: 155 Brookside Avenue			Street Address: 155 Brookside Avenue		
City: West Warwick	State: RI	Zip: 02893	City: West Warwick	State: RI	Zip: 02893
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9 Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	961	Common	No Par

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
Steven Burke	2/2/21

Signature of Authorized Representative: Steven Burke SIGN DOCUMENT HERE

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: 10/2016