



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

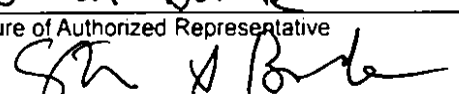
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 1 2021

BY AL 23291

1. Entity ID Number 120287		2. Exact name of the Corporation Central Oriental Home Fashions, Inc.												
3. Principal Office Address 155 Brookside Avenue			City West Warwick	State RI	Zip 02893									
4. NAICS Code 314110		6. Brief description of the character of business conducted in Rhode Island 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 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 ☐											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>961</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	961	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
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 Steven Burke				Date 2/2/21										
Signature of Authorized Representative 				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