

ANPU 02/10/2021 2:14 PM

State of Rhode Island
Department of State - Business Services DivisionAnnual 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 05 2021

BY

4959

1. Entity ID Number 000094253		2. Exact name of the Corporation ANTIQUE FURNISHINGS, INC.			
3. Principal Office Address 355 COMPASS CIRCLE			City NO KINGSTOWN	State RI	Zip 02852
4. NAICS Code 442110	6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI	ANTIQUE RESTORATION				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name RAYMOND DUBOIS			Vice-President Name PHILIP DUBOIS		
Street Address 218 TEN ROD RD			Street Address 218 TEN ROD RD		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
Secretary Name RAYMOND DUBOIS			Treasurer Name RAYMOND DUBOIS		
Street Address 218 TEN ROD RD			Street Address 218 TEN ROD RD		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name RAYMOND DUBOIS			Director Name PHILIP DUBOIS		
Street Address 218 TEN ROD RD			Street Address 218 TEN ROD RD		
City N KINGSTOWN	State RI	Zip 02852	City N KINGSTOWN	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					10. Shares Issued
This information is currently of record in the Department of State. Changes require an additional filing.					Check the box to indicate an attachment ☐
NUMBER OF SHARES					CLASS/SERIES
100					COMMON
					PAR VALUE
					0
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 <i>Raymond Dubois</i>					Date 3/2/21
Signature of Authorized Representative RAYMOND DUBOIS					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov