



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED ~~STAMP~~

MAR 08 2023 FOR SECRETARY OF STATE RI ONLY

BY 6751

1. Entity ID Number 000046295	2. Exact name of the Corporation CARRIAGE HOUSE CUSTOM HOMES & INTERIORS, INC.
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3. Principal Office Address 713 Putnam Pike	City Smithfield	State RI	Zip 02828
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4. NAICS Code 236116	6. Brief description of the character of business conducted in Rhode Island The sale of Lindal homes and products and the purchase, sale, construction, alteration and renovation of structures, buildings and dwellings.
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark S. Carter		Vice-President Name Patricia E. Carter			
Street Address 713 Putnam Pike		Street Address 713 Putnam Pike			
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Secretary Name Patricia E. Carter		Treasurer Name Mark S. Carter			
Street Address 713 Putnam Pike		Street Address 713 Putnam Pike			
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark S. Carter		Director Name			
Street Address 713 Putnam Pike		Street Address			
City Smithfield	State RI	Zip 02828	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	600	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 Mark S. Carter	Date 03/04/2023
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Signature of Authorized Representative
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MAIL TO:
 Division of Business Services
 148 W. Rivor Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov