



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 MAR 21 10 22 AM

1. Entity ID Number <b>01159</b>		2. Exact name of the Corporation <b>POWERSTREET CARPET INC</b>	
3. Principal Office Address <b>384 MARKET ST</b>		City <b>WARREN</b>	State <b>RI</b>
		Zip <b>02885</b>	
4. NAICS Code <b>238330</b>	6. Brief description of the character of business conducted in Rhode Island <b>COMMERCIAL FLOORING CONTRACTOR</b>		
5. State of Incorporation	SALES, INSTALL ALL TYPES FLOORS		
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>MICHAEL A. BERNARD</b>		Vice-President Name	
Street Address <b>384 MARKET ST</b>		Street Address	
City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>CHF</b>
		PAR VALUE <b>1000</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>MICHAEL A. BERNARD</b>		Date <b>21 MAR 2023</b>	
Signature of Authorized Representative 		<b>FILED</b>	
		<b>MAR 21 2023</b>	
		<b>BY ML 1489</b>	