



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation 2023

STAMP

- 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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BUS SVCS DIV

2023 MAR 29 AM 8:42

1. Entity ID Number 000085143		2. Exact name of the Corporation Coventry Wallcoverings, Inc.			
3. Principal Office Address 38 Highland Avenue			City Coventry	State RI	Zip 02816
4. NAICS Code 238300		6. Brief description of the character of business conducted in Rhode Island Wallcoverings			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Marcia E. Wilson			Vice-President Name Raymond Hudon		
Street Address 38 Highland Avenue			Street Address 38 Highland Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Marcia E. Wilson			Treasurer Name Raymond Hudon		
Street Address 38 Highland Avenue			Street Address 38 Highland Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	Common	100	
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 Marcia E. Wilson			FILED MAR 29 2023		Date 2/28/23
Signature of Authorized Representative <i>Marcia E. Wilson</i>			BY <u>ML 4435</u>		