



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

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RI DEPT. OF STATE
BUS SVCS DIV

2023 MAR 31 4:12:02

1. Entity ID Number 000094253		2. Exact name of the Corporation ANTIQUE FURNISHINGS, INC.	
3. Principal Office Address 355 Compass Circle		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 811420	6. Brief description of the character of business conducted in Rhode Island to own and operate an antique restoration and furniture repair business		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Raymond Dubois		Vice-President Name Philip Dubois	
Street Address 218 Ten Rod Road		Street Address 121 Bowen Hill Road	
City North Kingstown	State RI	City Coventry	State RI
Zip 02852		Zip 02827	
Secretary Name Raymond Dubois		Treasurer Name Raymond Dubois	
Street Address 218 Ten Rod Road		Street Address 218 Ten Rod Road	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Raymond Dubois		Director Name None	
Street Address 218 Ten Rod Road		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		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	
		100	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 Raymond Dubois		Date 3/1/23	
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

FILED

MAR 31 2023

BY ML 5392

FORM 630 - Revised: 10/2017