



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.

APR 11 2023

0315 *2*

1. Entity ID Number 000127110		2. Exact name of the Corporation FELTER IMPORTS, INC.	
3. Principal Office Address 126 Cliff Drive		City Narragansett	State RI
		Zip 02882	
4. NAICS Code 522293	6. Brief description of the character of business conducted in Rhode Island To import and export, export and buy, sell, and generally deal in household goods and home furnishings		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Maria T. Rodriguez		Vice-President Name Maria T. Rodriguez	
Street Address 126 Cliff Drive		Street Address 126 Cliff Drive	
City Narragansett	State RI	Zip 02882	City Narragansett
			State RI
			Zip 02882
Secretary Name Maria T. Rodriguez		Treasurer Name Maria T. Rodriguez	
Street Address 126 Cliff Drive		Street Address 126 Cliff Drive	
City Narragansett	State RI	Zip 02882	City Narragansett
			State RI
			Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Maria T. Rodriguez		Director Name	
Street Address 126 Cliff Drive		Street Address	
City Narragansett	State RI	Zip 02882	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	
		1,000	CNP
			\$0.0000
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 Maria T. Rodriguez			Date 03/24/23
Signature of Authorized Representative <i>Maria T. Rodriguez</i>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov