



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 26 2024

BY *[Signature]*

1. Entity ID Number 000046295		2. Exact name of the Corporation Carriage House Custom Homes & Interiors, Inc.			
3. Principal Office Address 713 Putnam Pike			City Smithfield	State RI	Zip 02828
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Mark S. Carter			Director Name None		
Street Address 713 Putnam Pike			Street Address		
City Smithfield	State RI	Zip 02828	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 600	CLASS/SERIES common	PAR VALUE 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. <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 Mark S. Carter				Date 2/21/2024	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)