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: 15600

1. Entity ID Number	2. Exact name of the Corporation			
000094253	ANTIQUE FURNISHINGS, INC.			
3. Principal Office Address		City	State	Zip
355 COMPASS CIR		N. KINGSTOWN	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
442110				
5. State of Incorporation	ANTIQUE RESTORATION			
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
RAYMOND DUBOIS					
Street Address			Street Address		
218 TEN ROD RD					
City	State	Zip	City	State	Zip
N KINGSTOWN	RI	02852			
Secretary Name			Treasurer Name		
RAYMOND DUBOIS			RAYMOND DUBOIS		
Street Address			Street Address		
218 TEN ROD RD			218 TEN ROD RD		
City	State	Zip	City	State	Zip
N KINGSTOWN	RI	02852	N KINGSTOWN	RI	02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
RAYMOND DUBOIS			PHILIP DUBOIS		
Street Address			Street Address		
218 TEN ROD RD			218 TEN ROD RD		
City	State	Zip	City	State	Zip
N KINGSTOWN	RI	02852	N KINGSTOWN	RI	02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	0

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: 2/23/24

Signature of Authorized Representative: RAYMOND DUBOIS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov