



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.

STAMP
FEB 29 2024
25329/a

1. Entity ID Number 125567		2. Exact name of the Corporation Massud & Sons Discount Carpet Center, Inc.	
3. Principal Office Address 772 Dexter Street		City Central Falls	State RI
		Zip 02863	
4. NAICS Code 453991	6. Brief description of the character of business conducted in Rhode Island To engage in the business of sale and installation of carpets, rugs, floor coverings and surfaces of all kinds.		
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 Joseph M. Massud		Vice-President Name Paul S. Massud	
Street Address 772 Dexter Street		Street Address 772 Dexter Street	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Secretary Name Michael A. Massud		Treasurer Name Michael A. Massud	
Street Address 772 Dexter Street		Street Address 772 Dexter Street	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph M. Massud		Director Name None	
Street Address 772 Dexter Street		Street Address	
City Central Falls	State RI	City	State
Zip 02863		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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.			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
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 Joseph M. Massud			Date 2/23/24
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 12/2023