



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 STAMP
MAR 13 2024
BY *[Signature]* 1336

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 2-28-24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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