



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

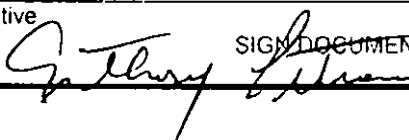
Annual Report for the year: 2024  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number <b>1023</b>		2. Exact name of the Corporation <b>ANDOR'S TV &amp; FURNITURE, INC.</b>			
3. Principal Office Address <b>5 HILLSIDE ROAD</b>		City <b>CUMBERLAND</b>		State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>442110</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL FURNITURE AND APPLIANCE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ANTHONY PETRARCA</b>			Vice-President Name <b>ANTHONY PETRARCA</b>		
Street Address <b>5 HILLSIDE ROAD</b>			Street Address <b>5 HILLSIDE ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>DINA PETRARCA</b>			Treasurer Name <b>ANTHONY PETRARCA</b>		
Street Address <b>5 HILLSIDE ROAD</b>			Street Address <b>5 HILLSIDE ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ANTHONY PETRARCA</b>			Director Name		
Street Address <b>5 HILLSIDE ROAD</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name			Director Name		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>250</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>	
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 <b>ANTHONY PETRARCA</b>				Date <b>3/17/24</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

FORM 630 - Revised: 02/2017