



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.

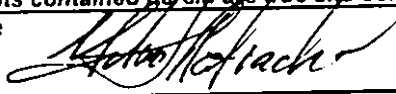
FILED

MAR 27 2024

BY

13703

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1. Entity ID Number 000789902		2. Exact name of the Corporation Parquet Rue, Inc.			
3. Principal Office Address 1536 Westminster Street		City Providence		State RI	Zip 02909
4. NAICS Code 321918	6. Brief description of the character of business conducted in Rhode Island Harwood Flooring				
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 Yuliya Matiachov			Vice-President Name Yuliya Matiachov		
Street Address P.O. Box 1714			Street Address same		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Yuliya Matiachov			Treasurer Name Yuliya Matiachov		
Street Address same as above			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Yuliya Matiachov			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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/TYPE OF SHARES PAR VALUE		
			100	common	none
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 Yuliya Matiachov 					Date 03.12.2024
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