



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES BSV
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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.

1. Entity ID Number 000085143		2. Exact name of the Corporation Coventry Wallcoverings, Inc.			
3. Principal Office Address 38 Highland Avenue		City Coventry		State RI	Zip 02816
3. NAICS Code 238300		4. Brief description of the character of business conducted in Rhode Island Wallcoverings			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marcia E. Wilson			Vice-President Name Raymond Hudon		
Street Address 38 Highland Avenue			Street Address 38 Highland Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Marcia E. Wilson			Treasurer Name Raymond Hudon		
Street Address 38 Highland Avenue			Street Address 38 Highland Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			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/SERIES	PAR VALUE	
		100	Common	1.00	
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 Marcia E. Wilson			FILED APR 17 2024 4862		Date 3/12/24
Signature of Authorized Representative <i>Marcia E. Wilson</i>					