



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.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|-------------------------|---------------------|------------------------------------------------------------------|
| 1. Entity ID Number<br>001749099                                                                                                                                                                                                                  |             | 2. Exact name of the Corporation<br>Warlick Furniture, Inc.                                            |                         |                     |                                                                  |
| 3. Principal Office Address<br>195 A Anthony Street                                                                                                                                                                                               |             |                                                                                                        | City<br>East Providence | State<br>RI         | Zip<br>02914                                                     |
| 4. NAICS Code<br>337122                                                                                                                                                                                                                           |             | 6. Brief description of the character of business conducted in Rhode Island<br>Artist Furniture Studio |                         |                     |                                                                  |
| 5. State of Incorporation<br>Rhode Island                                                                                                                                                                                                         |             |                                                                                                        |                         |                     |                                                                  |
| 7. List ALL officers (names and addresses)                                                                                                                                                                                                        |             |                                                                                                        |                         |                     | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br>Timothy S. Warlick                                                                                                                                                                                                              |             |                                                                                                        | Vice-President Name     |                     |                                                                  |
| Street Address<br>41 Kelley Ave.                                                                                                                                                                                                                  |             |                                                                                                        | Street Address          |                     |                                                                  |
| City<br>Rumford                                                                                                                                                                                                                                   | State<br>RI | Zip<br>02916                                                                                           | City                    | State               | Zip                                                              |
| Secretary Name                                                                                                                                                                                                                                    |             |                                                                                                        | Treasurer Name          |                     |                                                                  |
| Street Address                                                                                                                                                                                                                                    |             |                                                                                                        | Street Address          |                     |                                                                  |
| 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                                                                                                                                                                                                                                     |             |                                                                                                        | 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                                                                                                                                                                                                                              |             | 10. Shares Issued                                                                                      |                         |                     |                                                                  |
| This information is currently of record in the Department of State.                                                                                                                                                                               |             | Check the box to indicate an attachment <input type="checkbox"/>                                       |                         |                     |                                                                  |
| Changes require an additional filing.                                                                                                                                                                                                             |             | NUMBER OF SHARES<br>100                                                                                | CLASS-SERIES<br>COMMON  | PAR VAL. JF<br>0.00 |                                                                  |
| 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<br>Timothy S. Warlick                                                                                                                                                                                           |             |                                                                                                        |                         | Date<br>4/26/2024   |                                                                  |
| Signature of Authorized Representative<br>                                                                                                                                                                                                        |             |                                                                                                        |                         |                     |                                                                  |

MAIL TO:  
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