



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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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BY 6921 a

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|--|--|---|--------------|
| 1. Entity ID Number 000046295 | | 2. Exact name of the Corporation Carriage House Custom Homes & Interiors, Inc. | |
| 3. Principal Office Address 713 Putnam Pke | | City Smithfield | State RI |
| | | Zip 02828 | |
| 4. NAICS Code 236116 | 6. Brief description of the character of business conducted in Rhode Island The sale of Lindal homes and products and the purchase, sale, construction, alteration and renovation of structures, buildings and dwellings. | | |
| 5. State of Incorporation RI | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Mark S. Carter | | Vice-President Name Patricia E. Carter | |
| Street Address 713 Putnam Pike | | Street Address 713 Putnam Pike | |
| City Smithfield | State RI | City Smithfield | State RI |
| Zip 02828 | | Zip 02828 | |
| Secretary Name Patricia E. Carter | | Treasurer Name Mark S. Carter | |
| Street Address 713 Putnam Pike | | Street Address 713 Putnam Pike | |
| City Smithfield | State RI | City Smithfield | State RI |
| Zip 02828 | | Zip 02828 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name Mark S. Carter | | Director Name | |
| Street Address 713 Putnam Pike | | Street Address | |
| City Smithfield | State RI | City | State |
| Zip 02828 | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 | |
| | | 600 | common |
| | | | no par value |
| 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. <i>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.</i> | | | |
| Name of Authorized Representative Mark S. Carter | | Date ✓ 3/9/2025 | |
| Signature of Authorized Representative ✓ | | | |

MAIL TO:

Division of Business Services
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