RI SOS Filing Number: 202567054560 Date: 3/12/2025 4:00:00 PM



State of Rhode Island

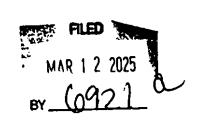
Department of State - Business Services Division

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



Entity ID Number 2. Exact name of the Corporation								
000046295	Carriage House Custom Homes & Interiors, Inc.							
	Carriage	Tiouse Cust		- TOO CONTROLLED TO			Īz _{in}	
3. Principal Office Address			City Smithf	iold	State		Zip 02828	
	713 Putnam Pke					-	02020	
4. NAICS Code	Brief descrip	Brief description of the character of business conducted in Rhode Island						
236116	The sale of Lindal homes and products and the purchase, sale,							
5. State of Incorporation	construction, alteration and renovation of structures,							
RI	buildings and dwellings.							
7. List ALL officers (names and addresses) Check the box to indicate an attachment L							achment 🔲	
President Name Mark S. Carter			Vice-President Name Patricia E. Carter					
713 Putnam Pike			Street Address 713 Putnam Pike					
^{City} Smithfield	State RI	^{Z_{ip}} 02828	City Smit	thfield		RI	^{Zip} 02828	
Secretary Name Patricia E. Carter			Treasurer Name Mark S. Carter					
Street Address 713 Putnam Pike			Street Add	713 Putnam				
^{City} Smithfield	State RI	^{Zip} 02828	City Smi	thfield	State	RI	^{Zıp} 02828	
8. List ALL directors (names and ad	dresses)			Check the	box to indi	cate an att	achment 🔲	
Director Name Mark S. Carter			Director Na	ame				
Street Address 713 Putnam Plk			Street Add	ress				
^{City} Smithfield	State RI	^{Zip} 02828	City		State		Zıp	
Director Name	S	· · · · · · · · · · · · · · · · · · ·	Director Na	ame				
Street Address			Street Address					
City	State	Z:p	City		State		Zip	
9. Shares Authorized	L	10. Shares Issu	hares Issued Check the box			icate an at	tachment 🔲	
This information is currently of record in the		NUMBER OF	NUMBER OF SHARES		SISERIES PAR VALUE			
Department of State.		600		common		no par	value	
Changes require an additional filing.								
11. This report must be executed or	n behalf of the c	corporation by an a	uthorized rep	presentative. If the cor	poration is	in the hand	ds of a re-	
ceiver 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					Date			
Mark S. Carter					\ \ -	13/9/2025		
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