

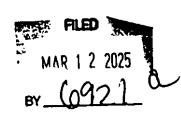
State of Rhode Island

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 fc									
1. Entity ID Number	2. Exact name of the Corporation								
000046295	Carriage House Custom Homes & Interiors, Inc.								
3. Principal Office Address		City		State		Zıp			
713 Putnam Pke		Smithfi	eld	RI		02828			
4. NAICS Code	6. 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									
President Name Mark S. Carter		Vice-President Name Patricia E. Carter							
Street Address 713 Putnam Pike			Street Address 713 Putnam Pike						
^{City} Smithfield	Stale RI	^{Zıp} 02828	City Smit	Smithfield		RI	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	^{Zip} 02828	City Smithfield		State	RI	Zip 02828		
8. List ALL directors (names and ad	dresses)			Check the	oox to ind	icate an att	achment 🔲		
Director Name Mark S. Carter			Director Name						
Street Address 713 Putnam Plke			Street Address						
City Smithfield	State RI	^{Zıp} 02828	City		State		Zıp		
Director Name			Director Name						
Street Address			Stree! Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized 10. Shares Issi									
This information is currently of record in the Department of State.		600		common		no par value			
Changes require an additional filing.									
11. This report must be executed or					oration is	in the hand	ls of a re-		
ceiver or trustee, this report must be	e executed on bel	half of the corporal	ion by the i	receiver or trustee. Trincluding any acco	mnanvini	a schedule	s and		
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