State of Rhode Island
Department of State - Business Services Division

FILED
MAR 12 2025
BY 6921

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.

1. Entity ID Number	2. Exact name of the Corporation			
000046295	Carriage House Custom Homes & Interiors, Inc.			
3. Principal Office Address		City	State	Zip
713 Putnam Pke		Smithfield	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, 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 ☐

President Name	Street Address	City	State	Zip
Mark S. Carter	713 Putnam Pike	Smithfield	RI	02828

Vice-President Name	Street Address	City	State	Zip
Patricia E. Carter	713 Putnam Pike	Smithfield	RI	02828

Secretary Name	Street Address	City	State	Zip
Patricia E. Carter	713 Putnam Pike	Smithfield	RI	02828

Treasurer Name	Street Address	City	State	Zip
Mark S. Carter	713 Putnam Pike	Smithfield	RI	02828

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Mark S. Carter	713 Putnam PIke	Smithfield	RI	02828
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

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 ☐

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.

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: Mark S. Carter

Date: ✓ 3/9/2025

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

FORM 630- Revised 12/2023