

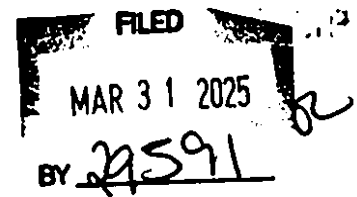


State of Rhode Island
Department of State - Business Services Division

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.



1. Entity ID Number 120287		2. Exact name of the Corporation Central Oriental Home Fashions, Inc.			
3. Principal Office Address 155 Brookside Avenue			City West Warwick	State RI	Zip 02893
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Import floor coverings, area rugs, floor and door mates, not to be limited to these goods			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael Litner			Vice-President Name		
Street Address 155 Brookside Avenue			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Steven I. Rosenbaum			Treasurer Name Michael Bucci		
Street Address 30 Exchange Terrace			Street Address 155 Brookside Avenue		
City Providence	State RI	Zip 02903	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael Bucci			Director Name Michael Litner		
Street Address 155 Brookside Avenue			Street Address 155 Brookside Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			2,000		Common
			PAR VALUE		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 Michael D'Orsi					Date 3/25/25
Signature of Authorized Representative 					