



State of Rhode Island  
Department of State - Business Services Division

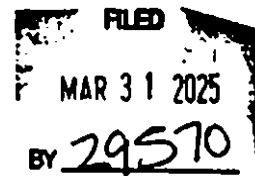
Annual Report for the year: 2025

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<br>1763746J   |  | 2. Exact name of the Corporation<br>Natco Home Group, Inc.  |                 |                  |               |           |        |        |     |  |  |  |
|---|--|---|-----------------|------------------|---------------|-----------|--------|--------|-----|--|--|--|
| 3. Principal Office Address<br>155 Brookside Avenue   |  | City<br>West Warwick  | State<br>RI     |                  |               |           |        |        |     |  |  |  |
|   |  | Zip<br>02893  |                 |                  |               |           |        |        |     |  |  |  |
| 4. NAICS Code<br>424990   | 6. Brief description of the character of business conducted in Rhode Island<br>Other miscellaneous non-durable goods, home textiles wholesaler |   |                 |                  |               |           |        |        |     |  |  |  |
| 5. State of Incorporation<br>Rhode Island   |  |   |                 |                  |               |           |        |        |     |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |                 |                  |               |           |        |        |     |  |  |  |
| President Name<br>Michael Litner  |  | Vice-President Name<br>David Litner   |                 |                  |               |           |        |        |     |  |  |  |
| Street Address<br>155 Brookside Avenue  |  | Street Address<br>155 Brookside Avenue  |                 |                  |               |           |        |        |     |  |  |  |
| City<br>West Warwick  | State<br>RI  | City<br>West Warwick  | State<br>RI     |                  |               |           |        |        |     |  |  |  |
| Zip<br>02893  |  | Zip<br>02893  |                 |                  |               |           |        |        |     |  |  |  |
| Secretary Name<br>Steven I. Rosenbaum   |  | Treasurer Name<br>Michael Bucci   |                 |                  |               |           |        |        |     |  |  |  |
| Street Address<br>30 Exchange Terrace   |  | Street Address<br>155 Brookside Avenue  |                 |                  |               |           |        |        |     |  |  |  |
| City<br>Providence  | State<br>RI  | City<br>West Warwick  | State<br>RI     |                  |               |           |        |        |     |  |  |  |
| Zip<br>02903  |  | Zip<br>02893  |                 |                  |               |           |        |        |     |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |                 |                  |               |           |        |        |     |  |  |  |
| Director Name   |  | Director Name   |                 |                  |               |           |        |        |     |  |  |  |
| Street Address  |  | Street Address  |                 |                  |               |           |        |        |     |  |  |  |
| City  | State  | City  | State           |                  |               |           |        |        |     |  |  |  |
| Zip   |  | Zip   |                 |                  |               |           |        |        |     |  |  |  |
| Director Name   |  | Director Name   |                 |                  |               |           |        |        |     |  |  |  |
| Street Address  |  | Street Address  |                 |                  |               |           |        |        |     |  |  |  |
| City  | State  | City  | State           |                  |               |           |        |        |     |  |  |  |
| Zip   |  | Zip   |                 |                  |               |           |        |        |     |  |  |  |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |                 |                  |               |           |        |        |     |  |  |  |
| This information is currently of record in the Department of State.   |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |                  |               |           |        |        |     |  |  |  |
| Changes require an additional filing.   |  | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STRIKES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>50,000</td> <td>Common</td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                 | NUMBER OF SHARES | CLASS/STRIKES | PAR VALUE | 50,000 | Common | .01 |  |  |  |
| NUMBER OF SHARES  | CLASS/STRIKES  | PAR VALUE   |                 |                  |               |           |        |        |     |  |  |  |
| 50,000  | Common   | .01   |                 |                  |               |           |        |        |     |  |  |  |
|   |  |   |                 |                  |               |           |        |        |     |  |  |  |
| 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<br>Michael D'Orsi   |  |   | Date<br>3/25/25 |                  |               |           |        |        |     |  |  |  |
| Signature of Authorized Representative<br><i>Michael D'Orsi</i>   |  |   |                 |                  |               |           |        |        |     |  |  |  |

MAIL TO:  
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