



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.

REC'D RIDGS BSD
25 MAY 27 4:19:21:32

1. Entity ID Number 001749099		2. Exact name of the Corporation Warlick Furniture, Inc.			
3. Principal Office Address 195A Anthony Street		City East Providence		State RI	Zip 02914
4. NAICS Code 337122		6. Brief description of the character of business conducted in Rhode Island Artist Furniture Studio			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Timothy S. Warlick			Vice-President Name		
Street Address 41 Kelley Ave.			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS-SER-ES PAR VALUE		
			100	CNP	0.00
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. FILED					
Name of Authorized Representative Timothy S. Warlick					Date 5/13/25
Signature of Authorized Representative 					BY LSP3W

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov