

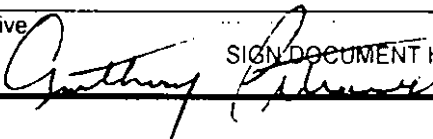


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation

STAMP
 MAY 09 2022
 404
 REGISTRY OF STATE CORPORATIONS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1023		2. Exact name of the Corporation ANDOR'S TV & FURNITURE, INC.			
3. Principal Office Address 5 HILLSIDE ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 442110		6. Brief description of the character of business conducted in Rhode Island RETAIL FURNITURE AND APPLIANCE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY PETRARCA			Vice-President Name ANTHONY PETRARCA		
Street Address 5 HILLSIDE ROAD			Street Address 5 HILLSIDE ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name DINA PETRARCA			Treasurer Name ANTHONY PETRARCA		
Street Address 5 HILLSIDE ROAD			Street Address 5 HILLSIDE ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTHONY PETRARCA			Director Name		
Street Address 5 HILLSIDE ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			250		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 ANTHONY PETRARCA					Date 4/29/22
Signature of Authorized Representative 					SIGN DOCUMENT HERE