

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # P35337 1. Entity Name ADDEN FURNITURE INC.	
--	---

Principal Place of Business 26 JACKSON ST. LOWELL, MA 01852	Mailing Address 26 JACKSON ST. LOWELL, MA 01852
---	---

DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3455958	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000854609 03/27/08-80015-008 158.75
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CTO STEVENS, JONATHAN 710 CHELMSFORD ST LOWELL, MA 01851
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS FORSYTHE, WAYNE 26 JACKSON ST. LOWELL, MA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GARMON, BEN GARY 26 JACKSON ST LOWELL, MA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PARKINSON, RONALD A 710 CHELMSFORD ST LOWELL, MA 01851
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO STEVENS, EDWARD B 710 CHELMSFORD ST LOWELL, MA 01851
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO MINER, JOSHUA L 710 CHELMSFORD ST LOWELL, MA 01851

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne L Forsythe WAYNE L. FORSYTHE 3/6/08 978-454-7848
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #