



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 129934		2. Name of Corporation Home Floors & More, Inc.			
3. Street Address Principal Business Office 271-D POST ROAD			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401/322-4080		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island TO DESIGN, MARKET AND SELL FLOOR COVERING AND RELATED PRODUCTS AND SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NONE			Vice President Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID C. ANDERSON			Director Name JOY E. ANDERSON		
Street Address 271-D POST ROAD			Street Address 271-D POST ROAD		
City	State	Zip	City	State	Zip
WESTERLY	RI	02891	WESTERLY	RI	02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000 CWP \$1.00 PAR VALUE			100		

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
NOV 09 2007
By: 4183

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.

Signature: David C. Anderson Date: 10-19-07
Print or Type Name: DAVID C. ANDERSON
Title: DIRECTOR