

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

(10.00.2.7 10 00 (000))	<u> </u>		•					
1. ID No.	2. Exact na	2. Exact name of the limited liability company						
150485	FLOORC	FLOORCOMM L.L.C.						
3. State of Formation 4. Brief description of the character of the business which FLOOR COVERING				ch is actually conducted in Rhode Island				
5. Principal office address 1283	PE	ost R	sessin pura Sedicional de Company de Company	WALWICK	State R-	Z.	C2881	
6. MAILING ADDRE	ss of Lim	HTED LIABILITY C	OMPANY AND NAME		ON	:		
Contact Name	harc	1 Des.	mATAIP	Contact Tills Den 7	-			
Street Address 1283	Po	ST /	CD _	WARVICK	State Z	L.	2.00 Jf 8	
7. NAME AND ADDI	ress of E			LITY COMPANY, IF APPLICAB		OT LIST	MEMBERS	
	The Burgory Of Augustania	FILL IN SPACES	BEFORE USING ATTA	CHIMBINTS - ("X" BOX PER ATT	ACHMENT)		1 70	
Manager Name				Manager Name				
Street Address			Street Address					
City	Si	tate	Zip	City	State		Zip	
Manager Name				Manager Name				
Street Address			Street Address					
City	Si	tate	Zip	City	State		Zip	
8. RESIDENT AGENT	r in Raoi	DE ISLAND - DO N	OT ALTER - Changes	: require filing of Form 642 -	' R.I.G.L. 7-1	6-11	1	
Agent Name				Address				
RICHARD DESMARAIS	S							
Address				ity		Zip		
1283 POST ROAD				WARWICK		02888-		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date _	FLED	10. 141.
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Check No	NOV 14-2007	<u> </u>
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FC	OR SECRETARY OF STATE USE ONLY	Č,

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 find correct.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

Form 632 Rev. 07/07