



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 117595		2. Name of Corporation DEBNOR FLOORING CONTRACTORS INC.	
3. Street Address Principal Business Office 34 Lark Industrial Parkway, Unit A		City Greenville	State RI
4. Business Phone No. (401) 949-9800		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island To furnish, install, sell, repair, consult			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Deborah Ramos		Vice President Name Norman Ramos	
Street Address 1248 Hartford Pike		Street Address 1248 Hartford Pike	
City No. Scituate	State RI	City No. Scituate	State RI
Secretary Name Same		Treasurer Name Same	
Street Address		Street Address	
City	State	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Deborah Ramos		Director Name Norman Ramos	
Street Address 1248 Hartford Pike		Street Address 1248 Hartford Pike	
City No. Scituate	State RI	City No. Scituate	State RI
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. SHARES AUTHORIZED 1,000 NO PAR VALUE			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares None	Class/Series Par Value

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 **FILED**
Check No. **MAR 02 2009**
By: **By [Signature]**
FOR SECRETARY OF STATE USE ONLY

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 **[Signature]** Date **2-24-09**
Norman Ramos
Print or Type Name
Vice President
Title