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 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.	2. Name of Corporation			
117595	DEBNOR FLOORING CONTRACTORS INC.			
3. Street Address Principal Business Office		City	State	Zip
34 Lark Industrial Parkway, Unit A		Greenville	RI	02828
4. Business Phone No.	5. State of Incorporation			
(401) 949-9800	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	Vice President Name
Deborah Ramos	Norman Ramos
Street Address: 1248 Hartford Pike	Street Address: 1248 Hartford Pike
City: No. Scituate; State: RI; Zip: 02857	City: No. Scituate; State: RI; Zip: 02857
Secretary Name: Same	Treasurer Name: Same
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	Director Name
Deborah Ramos	Norman Ramos
Street Address: 1248 Hartford Pike	Street Address: 1248 Hartford Pike
City: No. Scituate; State: RI; Zip: 02857	City: No. Scituate; State: RI; Zip: 02857
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

9. SHARES AUTHORIZED
1,000 NO PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

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.

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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.

[redacted]

File Date	FILED
Check No.	MAR 02 2009
By:	By

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

2-24-09
Signature *Date*

Norman Ramos
Print or Type Name

Vice President
Title