

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

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* * 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.

HIN (1011-0122 / 112-1301(ceuj) is subject to a pen	oney yee by wastoo.				
1. Corporate ID No. 112275		2. Name of Corporation B & M FLOOR COVERING, INC.				
3. Street Address Principal Business Office 469 Centerville Road, Suite 203			City Warwick	State RI	^{Zip} 02886	
4. Business Phone No. 401-738-0010		5. State of Incorporation RHODE ISLAND				
	baracter of Business Conducted FALLING FLOOR COVI	d in Rhode Island ERINGS OF ALL TYPES				
7. NAMES AND ADDE	RESSES OF THE OFFICE	ERS: ("X" BOX FOR ATT	ACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Robert A. Boisvert			Robert A. Boisvert			
Street Address 7653 Strawberry E	states Drive	_	Street Address 7653 Strawberry Estates Drive			
Clty	State	Zip	City	State	Zip	
Georgetown	<u> TN</u>	37336	Georgetown	TN	37336	
Secretary Name Robert A. Boisvert			Treasurer Name Robert A. Boisvert			
Street Address			Street Address			
7653 Strawberry Estates Drive			7653 Strawberry Estates Drive			
City	State	Zip	City	State	Zip	
Georgetown	TN	37336	Georgetown	TN	37336	
	ESSES OF THE DIRECT	TORS: ("X" BOX FOR A		N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name			
Robert A. Boisvert	0. 1					
	-4-4 D		Street Address			
7653 Strawberry Es	States Drive State	Zip				
Georgetown	TN	37336	City	State	Zip	
Director Name		137330	Dimeter Manage			
Director Name			Director Name			
Street Address			Street Address			
Ser Col Frances Colo			Street Mattress			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR A	 TACHMENT) [10. SHARES ISSUED	("X" BOX FOR ATTACE	HMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000	Common	\$1.00 par value	8,000	Common	\$1.00 par value	
This report must be ex-	ecuted on behalf of the	corporation by an authoriz	ed representative. If the o	ornoration is in the hand-	s of a receiver are trust	
this report must be ava	cutad on bahalf of the a	ornoration by the reasiver	on tweeter	orporation is in the hand:	s of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	contained herein are true and correct. 2/25/09 Signature Date
Check No. MAR 0 2 2009	Robert A. Boisvert Print or Type Name
By: FOR SECRETARY OF STATE USE ONLY	President πtte