



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. 5086		2. Name of Corporation CRANSTON FLOOR COVERING, INC.			
3. Street Address Principal Business Office P.O. Box 10081			City Cranston	State RI	Zip 02910
4. Business Phone No. (401) 781-4460		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Floor Covering Business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John C. Litterio			Vice President Name John C. Litterio		
Street Address P.O. Box 10081			Street Address P.O. Box 10081		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name John C. Litterio			Treasurer Name John C. Litterio		
Street Address P.O. Box 10081			Street Address P.O. Box 10081		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John C. Litterio			Director Name		
Street Address P.O. Box 10081			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600		No Par Value	50	Common	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.

File Date	<b>FILED</b>
Check No.	OCT 02 2009
By:	By 23606
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 John C. Litterio Date 8/11/09  
**JOHN C. LITTERIO**  
 Print or Type Name  
**President**  
 Title