

FOR SECRETARY OF STATE USE ONLY

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 2010 Filling Period: January 1 - March 1 • Filling Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1. Corporate ID No. 63421	2. Name of Con RUGGIER	2. Name of Corporation RUGGIERI FLOORING, INC.				
3. Street Address Principal Business Office 1191 PONTIAC AVENUE			CRANSTON	State RI	Zip 02920	
4. Business Phone No. 5. State of Incorporation (401) 942-1700 RHODE ISLAND					02020	
6. Brief Description of the Chara RETAIN AND WHOLES	cter of Business Conduction	ted in Rhode Island MATERIALS.				
7. NAMES AND ADDRES President Name	SES OF THE OFFI	CERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS	
PAUL E. RUGGIERI			Vice President Name NONE			
Street Address 1191 PONTIAC AVENUE			Street Address			
CRANSTON	State RI	^{Zip} 02920	City	State	Zip	
Secretary Name PETER J. RUGGIERI			Treasurer Name PETER J. RUGGIERI			
Street Address 1191 PONTIAC AVENUE			Street Address 1191 PONTIAC AVENUE			
City CRANSTON	State RI	^{Zip} 02920	City CRANSTON	State RI	<i>Ζψ</i> 02920	
PAUL E. RUGGIERI	SES OF THE DIRE	CTORS: ("X" BOX FOR ATT		N SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 1191 PONTIAC AVENUE			Street Address 1191 PONTIAC AVENUE			
CRANSTON	State RI	2ip 02920	CRANSTON	State RI	<i>Ζφ</i> 02920	
Director Name DAVID A. RUGGIERI	***********************	***************************************	Director Name		102320	
Street Address 1191 PONTIAC AVEN	UE		Street Address			
CRANSTON	State RI	<i>Zip</i> 02920	City	State	Zip	
. SHARES AUTHORIZED				 <i>("X" BOX FOR ATTACE</i> CTION <u>MUST</u> BE COMPLETED	HMENT) [
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	Class/Series	Par Value	
			400	COMMON	NO PAR VALUE	
his report must be executed its report must be executed.	ted on behalf of the	e corporation by an authorize corporation by the receiver of	or trustee. Under penalty of p	erjury, I declare and affirm t	hat I have examined this ren	
File Date	2010		including any acco	mpanying schedules and sta-	tements, and that all statements	
Check No	// 7/	_	PAUL E. RU	GGIFRI 🖟 🗸	ر	

Print or Type Name **PRESIDENT**

Title