



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2012

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.

1. Corporate ID No. 58906	2. Name of Corporation TURMENNE FLOOR COVERING, INC.		
3. Street Address Principal Business Office 129A Waterman Avenue	City East Providence	State RI	Zip 02914
4. Business Phone No. 4014345510	5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island SALE AND INSTALLATION OF RUGS			

7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Patricia Turmenne		Vice President Name Barry J. Turmenne	
Street Address 129A Waterman Avenue		Street Address 129A Waterman Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02914		Zip 02914	
Secretary Name		Treasurer Name Patricia Turmenne	
Street Address		Street Address 129A Waterman Avenue	
City	State	City East Providence	State RI
		Zip 02914	

8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Patricia Turmenne		Director Name	
Street Address 192A Waterman Avenue		Street Address	
City East Providence	State RI	City	State
Zip 02914		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	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		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	COMM NO PAR VALUE		500	Common	No Par Value

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 CORPORATIONS DIV
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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.



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 File Date: _____
 Check No. JAN 26 2012
 By: BY 12026
 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.

Patricia Turmenne 1-3-12
 Signature of Officer Date
Patricia Turmenne
 Print or Type Name of Officer
President
 Title of Officer