



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2012

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |  |
|---|--|
| 2. Exact name of the limited liability company<br><b>Toca Floors LLC</b>  |  |
| 3. State of Formation<br><b>RI</b>  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Flooring installations</b> |
| 5. Principal office address<br><b>30 Doray Drive</b>  | City <b>Hope</b> State <b>RI</b> Zip <b>02831</b>  |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |  |
| Contact Name<br><b>Nicolae C. Toca</b>  | Contact Title<br><b>Owner</b>  |
| Street Address<br><b>30 Doray Drive</b>   | City <b>Hope</b> State <b>RI</b> Zip <b>02831</b>  |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |  |
| Manager Name<br><b>NICOLAE C. TOCA</b>  | Manager Name   |
| Street Address<br><b>30 DORAY DRIVE</b>   | Street Address   |
| City <b>HOPE</b> State <b>RI</b> Zip <b>02831</b>   | City State Zip   |
| Manager Name  | Manager Name   |
| Street Address  | Street Address   |
| City State Zip  | City State Zip   |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |  |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |  |

ENTITY ID : 720802

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FILED**

FOR SECRETARY OF STATE USE ONLY NOV 01 2012

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 of Authorized Person

10/19/2012  
Date

**Nicolae C. Toca**  
Print or Type Name of Authorized Person

By MMC  
CA# 201584-75984