



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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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.

1. Entity ID No. <u>505815</u>		2. Exact name of the limited liability company <u>United Flooring LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Flooring</u>			
5. Principal office address <u>5 GILLES DRIVE</u>		City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <u>Christine Maccione</u>		Contact Title <u>President</u>			
Street Address <u>5 GILLES DR</u>		City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS. (EX: BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Chip Algier VP</u>		Manager Name <u>Jamie Algier COO</u>			
Street Address <u>5 GILLES DR</u>		Street Address <u>5 GILLES DR</u>			
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
Manager Name <u>LOUIS ALGIER JR</u>		Manager Name			
Street Address <u>5 GILLES DRIVE</u>		Street Address			
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

MAR 22 2013

BY CA 193402

2013 MAR 22 PM 2:48  
SECRETARY OF STATE  
CORPORATIONS DIV

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.

Christine Maccione  
Signature of Authorized Person Date  
Christine Maccione  
Print or Type Name of Authorized Person

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY