



**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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>112495</b>		2. Exact name of the Corporation <b>Domenic &amp; Sons Floor Covering Inc.</b>						
3. Principal office address <b>255 Greenville Avenue</b>		City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>			
4. Business Phone No. <b>401-231-1885</b>		5. State of Incorporation <b>Rhode Island</b>						
6. Brief description of the character of business conducted in Rhode Island <b>Retail sales and installation of floor products</b>								
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								
President Name <b>Domenic Fiorio, Jr.</b>			Vice-President Name <b>Kenneth Fiorio</b>					
Street Address <b>27 Valerie Drive</b>			Street Address <b>2 Ledgemont Drive</b>					
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02828</b>			
Secretary Name <b>Domenic Fiorio, Jr.</b>			Treasurer Name <b>Kenneth Fiorio</b>					
Street Address <b>27 Valerie Drive</b>			Street Address <b>2 Ledgemont Drive</b>					
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02828</b>			
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
<b>9. SHARES AUTHORIZED</b>								
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>								
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
						600	Common	No par value

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 \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_ BY: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
**FEB 14 2014**  
**25570**

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 Representative

**Domenic Fiorio, Jr., President**

Print or Type Name of Authorized Representative

Date

**2/4/2014**