

## 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.

3. Principal office address 255 Greenville Avenue	1. Entity ID No.	2. Exact name of the Corporation					
4. Business Phone No. 6. Brief description of the character of business conducted in Rhode Island  Retail sales and Installation of floor products  7. LSTALE TIGES (Names And Addresses) (**X** BOX FOR ATTACHMENT)**  President Name Domenic Florio, Jr.  Street Address 27 Valerie Drive  City West Greenwich RI 02817  Street Address 2 Ledgemont Drive  City West Greenwich State Zip O2817  Street Address 2 Ledgemont Drive  City West Greenwich RI 02817  Street Address 2 Ledgemont Drive  City West Greenwich RI 02817  Street Address 2 Ledgemont Drive  City State Ri 02828  Street Address 2 Ledgemont Drive  City State Ri 02828  Street Address 2 Ledgemont Drive  City Smithfield Ri 02828  Street Address City State Zip Director Name  Street Address  City State Zip Director Name  Street Address  City State Zip Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  Director Name  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.  This report must be executed on behalf of the corporation by an authorized depresentative. 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.	112495	Domen	ic & Sons Floor (	Covering Inc.			
6. Brief description of the character of business conducted in Phode Island Retail sales and installation of floor products  7. UST ALE OF TICKES (NAMES AND ADDRESSES) ("X" BOX FOR AT ACHMENT)  Fresident Name Domenic Fiorio, Jr.  Street Address 2. Valerie Drive  City West Greenwich Ri	·				Zip <b>02919</b>		
Retail sales and installation of floor products    ISTALES   ICEBS (NAMES AND ADDRESSES) (*X'   BOX FOR ATTACHMENT)							
President Name Domenic Fiorio, Jr.  Street Address 27 Valerie Drive  City West Greenwich RI  02817  Street Address 2 Ledgemont Drive  City State RI  02828  Treasurer Name Commonic Fiorio, Jr.  Street Address 2 Ledgemont Drive  City Street Address 2 Ledgemont Drive  City Street Address 2 Ledgemont Drive  City West Greenwich RI  02817  City City State RI  02828  Zip City West Greenwich RI  02817  City State RI  02828  Zip  City State City State Zip Director Name  Director Name  City City State Zip Director Name  City State Zip City State Zip City State Zip Director Name  City State Zip Number of Shares CLASS/SERIES PAR VALUE 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.	•			d			
Street Address   Stre	LISTALE OFFICERS (NA	MES AND ADDE	ESSES) (#X# BOX FOR Å	TTACHMENT)			
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West Greenwich Ri 02817 Smithfield RI 02828  Secretary Name Domenic Fiorio, Jr.  Street Address 27 Valerie Drive  City West Greenwich Ri 02817 Site Address 2 Ledgemont Drive  City West Greenwich Ri 02817 Smithfield Ri 02828 Zip Smithfield Ri 0282	=						
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2 Ledgemont Drive  City West Greenwich RI 02817 City Smithfield RI 02828 Zip  Director Name  Director Name  Street Address  City State Zip  Director Name  Director Name  Street Address  City State Zip  Director Name  Director Name  Director Name  Director Name  Street Address  City State Zip  Director Name  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.  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.				111111111111111111111111111111111111111			
West Greenwich RI 02817 Smithfield Ri 02828  B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)  Director Name    Director Name							
Director Name  Street Address  City State Zip City State Zip  Director Name  Director Name  Director Name  Street Address  Street Address  City State Zip  City State Zip  City State Zip  City State Zip  Address  City State Zip  It SHARES AUTHORIZED  This information is currently of record in the Office of the Secretary of State. Changes require an additional filling.  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.		I '			RI 02828	Zip	
Street Address  City State Zip City State Zip  Director Name  Street Address  Street Address  City State Zip  City State Zip  City State Zip  Street Address  City State Zip  Number of Shares issued ("X" BOX FOR ATTACHMENT)  Number of Shares Class/series Par Value  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.  Changes require an additional filing.  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.	B. LIST ALL DIRECTORS (N	AMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
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Under penalty of perjury, I declare and affirm that I have examined		this report mu	corporation by an authorized st be executed on behalf or FILED	f the corporation by the i	receiver or trustee.		

File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
THE REPORT OF THE PARTY OF THE	FEB 1 4 2014	and that all statements contained herein are tru	ne and correct. 2/4/2014	
By:	25570	Signature of Authorized Representative	Date	
END CECRETARY OF STATE USE ONLY		Domenic Fiorio, Jr., President		

Form No. 630

Revised: 01/2012

Print or Type Name of Authorized Representative