

AMENDED



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. 760164		2. Exact name of the Corporation Authority Flooring Inc.						
3. Principal office address 27 Libera Street		City Cranston		State RI	Zip 02920			
4. Business Phone No. 401-316-9306		5. State of Incorporation RI						
6. Brief description of the character of business conducted in Rhode Island Sales and installation of all types of residential and commercial flooring								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
President Name Shirley Munoz-Nardolillo			Vice-President Name Steven Nardolillo					
Street Address 130 Park Forest Drive			Street Address 130 Park Forest Drive					
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920			
Secretary Name Shirley Munoz-Nardolillo			Treasurer Name Shirley Munoz-Nardolillo					
Street Address 130 Park Forest Drive			Street Address 130 Park Forest Drive					
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
Director Name Shirley Munoz-Nardolillo			Director Name Steven Nardolillo					
Street Address 130 Park Forest Drive			Street Address 130 Park Forest Drive					
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
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
						300	Common	None

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: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JUN 16 2014

BY

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.

Shirley Nardolillo 6-11-14
Signature of Authorized Representative Date

Shirley Nardolillo
Print or Type Name of Authorized Representative



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

