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.	2. Exact name of the Corporation
760164	Authority Flooring Inc.

3. Principal office address	City	State	Zip
27 Libera Street	Cranston	RI	02920

4. Business Phone No.	5. State of Incorporation
401-316-9306	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	Street Address	City	State	Zip
Shirley Munoz-Nardolillo	130 Park Forest Drive	Cranston	RI	02920

Vice-President Name	Street Address	City	State	Zip
Steven Nardolillo	130 Park Forest Drive	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
Shirley Munoz-Nardolillo	130 Park Forest Drive	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip
Shirley Munoz-Nardolillo	130 Park Forest Drive	Cranston	RI	02920

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Shirley Munoz-Nardolillo	130 Park Forest Drive	Cranston	RI	02920

Director Name	Street Address	City	State	Zip
Steven Nardolillo	130 Park Forest Drive	Cranston	RI	02920

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. 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.	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

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

Form No. 630
Revised: 01/2012