



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 125695		2. Exact name of the limited liability company TIVEY'S FLOORING LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island FLOORING CONTRACTOR			
5. Principal office address 647 GARDNER ROAD		City EXETER	State RI	Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BERTRAM J TIVEY, III			Contact Title MEMBER		
Street Address 647 GARDNER ROAD		City EXETER	State RI	Zip 02893	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name SAME AS ABOVE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 of Form 642 - R.I.G.L. 7-16-11					

FILED

OCT 07 2014

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

RV

2562

125695

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.

Bertram J Tivey, III 9/20/2014
Signature of Authorized Person Date

BERTRAM J TIVEY, III

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

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