

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 2011

| 94271 | | 2. Exact name of the Corporation OK Floors Ltd. | | | | | |
|--|---------------------|--|--|--|--------------------------------|-----------------------|--------------------|
| 3. Principal office address 1375 Warwick Avenue | | | City Warwick | State RI | Zip 028 | Zip 02888 | |
| 4. Business Phone No. | | | 5. State of Incorporation Rhode Island | | | | |
| 401-463-5600 | aracter of busines | s conducted in Rhode Island | | | | | |
| to operate, maintain properties | and conduct | a business for clean | ing and maintainir | ng residential and | commercia | 22 ~ | SS |
| | AMES AND ADDE | resses) ("X" BOX FOR A | ITACHMENT) | | | z è | 3 |
| President Name Oleg Kazakov | | | Vice-President Name | | | DEC - | إحتاه |
| Street Address 296 Grotto Avenue | | | Street Address | | | ~ | 27) 1-<: 3⇔: |
| City Providence | State RI | Zip 02907 | City | State | Zip | ~ ⊃ |) - |
| ecretary Name Oleg Kazakov | | | | | | ယ္ < | 国 |
| Street Address 296 Grotto Avenue | | | Street Address 296 Grotto Avenue | | | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 029 | 07 | |
| | NAMES AND ADI | RESSES) ("X" BOX FOR | | | | 5.3 | |
| Director Name Oleg Kazakov Street Address 296 Grotto Avenue | | | Director Name | | | | <u> </u> |
| | | | Street Address | | | <u> </u> | - 6 C |
| City Providence | State RI | Zip 02907 | City | State | Zip | ယ် | |
| Director Name | ,,1 | | Director Name | | | 2 | S |
| Street Address | | | Street Address | | | . | - |
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| Dity | State | Zip | City | State | Zip | | |
| , SHARES AUTHORIZED | | | | ("X" BOX FOR ATTAC | | | |
| This independent is suggested at record in the Office of the Secretary | | 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 filling. See Section 9 of instruction sheet. | | | 500 | Common | No F | Par Valu | e |
| This report must be execute | nd on behalf of the | corporation by an authorize | ed representative. If the | corporation is in the han | ds of a receive | er or truste | ө, |
| | ınıs repon mu | ist be executed on behalf of | Under penalty of pe | erjury, I declare and af | firm that I hav | ve examin | ed |
| File Date | | FILED 2:37 | and that all stateme | ng any accompanying ents contained herein | schedules ar are true and (| id statem correct. | ants, |
| Check No | | pm | (Am | uco - | - | 79/21 | // |
| DEC 0 8 2014 | | | Signature of Authorized Representative | | | Date | |
| | TOTAL TANGET I | 122011 | g | - I- | | | |
| FOR SECRETARY OF STA | TE HEE ONLY | 238128 | Oleg Kazakov | | | | |

Form No. 630 Revised: 01/2012