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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 2015

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		
105154	**M&R Floors, Incorporated**		
3. Principal office address: **250 Lynne Lane**	City: **Mapleville**	State: **RI**	Zip: **02839**
4. Business Phone No.: **(401) 578-0851**	5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **to engage in the sales and installation of floor covering and to engage in any other lawful activities allowed under state law**			

President Name: **Michael J. Canavan**			Vice-President Name: **None**		
Street Address: **250 Lynne Lane**			Street Address:		
City: **Mapleville**	State: **RI**	Zip: **02839**	City:	State:	Zip:
Secretary Name: **Michael J. Canavan**			Treasurer Name: **Michael J. Canavan**		
Street Address: **250 Lynne Lane**			Street Address: **250 Lynne Lane**		
City: **Mapleville**	State: **RI**	Zip: **02839**	City: **Mapleville**	State: **RI**	Zip: **02839**

Director Name: **Michael J. Canavan**			Director Name:		
Street Address: **250 Lynne Lane**			Street Address:		
City: **Mapleville**	State: **RI**	Zip: **02839**	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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
1250	common	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.

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.

Michael J. Canavan 3/2/15
Signature of Authorized Representative Date

Michael J. Canavan, President
Print or Type Name of Authorized Representative

FILED
MAR 05 2015
5605

Form No. 630
Revised: 01/2012

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