

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

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 na	ne of the Corporation					
105154	į.	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				
		s conducted in Rhode Islan ation of floor coverin		n any oth	er lawful a	activities allowed	
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				
Dity 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				
Pity	State	Zip	City		State Zip		
			NUMBER OF SHARES	CLASS/SE		PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of Instruction sheet.			1250		ommon	no par value	
This report must be execut	ted on behalf of the	corporation by an authorize	d representative. If the	corporation i	s in the hand	s of a receiver or trustee,	

e corporation by the receiver or trustee.



FILED MAR () 5 2015

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 berein are true and correct.

Signature of Authorized Rep

Michael J. Canavan, President

5605

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012