



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 2016

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. 36543		2. Exact name of the Corporation NPC SOUTH, INC.					
3. Principal office address 155 Brookside Avenue		City West Warwick	State RI	Zip 02893			
4. Business Phone No. 4018280300		5. State of Incorporation Rhode Island					
6. Brief description of the character of business conducted in Rhode Island MANUFACTURE, SALES, FABRICATION AND WHOLESALE FLOOR COVERING PRODUCTS, CARPETING AND LINOLEUM							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Michael Litner		Vice-President Name Michael Litner					
Street Address 155 Brookside Avenue		Street Address 155 Brookside Avenue					
City West Warwick	State RI	Zip 02893	City West Warwick	State RI			
Secretary Name Steven I. Rosenbaum		Treasurer Name Alan Ross					
Street Address 30 Exchange Terrace		Street Address 155 Brookside Avenue					
City Providence	State RI	Zip 02903	City West Warwick	State RI			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Robert T. Galkin		Director Name Warren B. Galkin					
Street Address 155 Brookside Avenue		Street Address 155 Brookside Avenue					
City West Warwick	State RI	Zip 02893	City West Warwick	State RI			
Director Name Michael Litner		Director Name					
Street Address 155 Brookside Avenue		Street Address					
City West Warwick	State RI	Zip 02893	City	State			
9. SHARES AUTHORIZED							
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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
					200	Common	No Par

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

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

FILED

FEB 12 2016

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