



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 2014

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. 87943		2. Exact name of the Corporation Rhode Island Floor Planing Company Inc	
3. Principal office address 156 Morgan Ave		City Johnston	State RI
4. Business Phone No. 401 353-2805		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Hardwood Floor Sanding & Refinishing / Installation			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Michael DiGregorio JR		Vice-President Name Nikole DiGregorio	
Street Address 156 Morgan Ave		Street Address 156 Morgan Ave	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Antonio DiGregorio		Treasurer Name Michael DiGregorio JR	
Street Address 6 Eagle Ave		Street Address 156 Morgan Ave	
City Warwick	State RI	City Johnston	State RI
Zip 02888		Zip 02919	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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
		100	C/N/P
		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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

FILED

FEB 26 2016

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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 DiGregorio **2-23-16**
Signature of Authorized Representative Date

Michael DiGregorio
Print or Type Name of Authorized Representative