

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.	2. Exact na	me of the Corporation	2. Exact name of the Corporation				
6577	Floors	Floors Beautiful by Dee, Inc.					
3. Principal office address 849 Reservoir Avenue			City Cranston	State RI	Zip 02910		
4. Business Phone No. 401-942-1592			5. State of Incorporation Rhode Island				
6. Brief description of the cha Merchandising of Flo			•	Leasing, Renting a	and Purchasing		
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President Name Kathleen Giorgi			Vice-President Name Kathleen Giorgi				
Street Address 7 Scaralia Road			Street Address 7 Scaralia Road				
City Cranston	State RI	Zip 02918	City State RI		Zip 02918		
Secretary Name Brian A. Goldman, Esq.			Treasurer Name Kathleen Giorgi				
Street Address 681 Smith Street			Street Address 7 Scaralia Road				
City Providence	State RI	Zip 02908	City Cranston	State RI	Zip 02918		
8. LIST AL MOIRECTORS	NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)	· · · · · · · · · · · · · · · · · · ·	, July		
Director Name			Director Name	VI			
Street Address			Street Address S				
City	State	Zip	City	State	Zip AR 2		
Director Name			Director Name & A				
Street Address			Street Address XXX				
City	State	Zip	City	State	Zip Ch VA		
SHAFTES AUTHORIZED	. Line	The Book State of the Control of the	10: SHARES ISSUED	"X" BOX FOR ATTAC	IMENT)		
			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.		100	Common	No Par			
This report must be executed		corporation by an authorize st be executed on behalf of			s of a receiver or trustee,		



Form No. 630 Revised: 01/2012 FILED

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

11371C Date

Brian A. Goldman, Secretary

Print or Type Name of Authorized Representative

A.A