



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. 94271		2. Exact name of the Corporation OK Floors Ltd.			
3. Principal office address 1375 Warwick Avenue		City Warwick	State RI	Zip 02888	
4. Business Phone No. 401-463-5600		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island to operate, maintain and conduct a business for cleaning and maintaining residential and commercial properties					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Oleg Kazakov			Vice-President Name		
Street Address 296 Grotto Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Oleg Kazakov			Treasurer Name Oleg Kazakov		
Street Address 296 Grotto Avenue			Street Address 296 Grotto Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Oleg Kazakov			Director Name		
Street Address 296 Grotto Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	PAR VALUE
			500	Common	No Par Value

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 R.I. DEPT. OF STATE
 SOS SYS OPS DIV
 2015 JAN -4 AM 10:03

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: _____

FILED

JAN 04 2017

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 _____

Oleg Kazakov
 Print or Type Name of Authorized Representative

By: A.A. 10.04 A.M.