

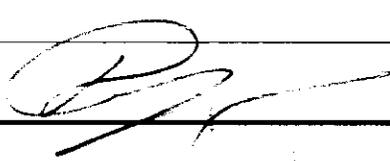


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 112495		2. Exact name of the Corporation Domenic & Sons Floor Covering Inc.			
3. Principal Office Address 255 Greenville Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Retail sales and installation of floor products.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Domenic Florio, Jr.			Vice-President Name Kenneth Florio		
Street Address 27 Valerie Drive			Street Address 2 Ledgemont Drive		
City West Greenwich	State RI	Zip 02817	City Smithfield	State RI	Zip 02828
Secretary Name Domenic Florio, Jr.			Treasurer Name Kenneth Florio		
Street Address 27 Valerie Drive			Street Address 2 Ledgemont Drive		
City West Greenwich	State RI	Zip 02817	City Smithfield	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			600	Common	No Par Value
11. 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.					
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.					
Name of Authorized Representative Domenic Florio, Jr.				Date 2/7/2017	
Signature of Authorized Representative 				FILED FEB 15 2017	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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