



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 91554		2. Exact name of the Corporation The Wood Floor Man & Company, Inc.			
3. Principal Office Address 246 Tockwotten Cove Road			City Charlestown	State RI	Zip 02813
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island For the design, installation, repair, maintenance and refinishing of wood floors for residential and commercial structures			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas Brown			Vice-President Name Douglas Brown		
Street Address 246 Tockwotten Cove Road			Street Address Same		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Douglas Brown			Treasurer Name Douglas Brown		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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 Douglas Brown				Date 2-28-17	
Signature of Authorized Representative 					

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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 MAR 03 2017
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