



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

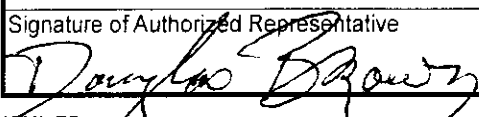
Annual Report for the year: **2017**

## 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 <b>91554</b>		2. Exact name of the Corporation <b>The Wood Floor Man &amp; Company, Inc.</b>			
3. Principal Office Address <b>246 Tockwotten Cove Road</b>		City <b>Charlestown</b>		State <b>RI</b>	Zip <b>02813</b>
4. NAICS Code <b>23 - Construction</b>	6. Brief description of the character of business conducted in Rhode Island <b>For the design, installation, repair, maintenance and refinishing of wood floors for residential and commercial structures</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Douglas Brown</b>			Vice-President Name <b>Douglas Brown</b>		
Street Address <b>246 Tockwotten Cove Road</b>			Street Address <b>Same</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City	State	Zip
Secretary Name <b>Douglas Brown</b>			Treasurer Name <b>Douglas Brown</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	
<b>100</b>		<b>Common</b>		<b>No Par Value</b>	
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 <b>Douglas Brown</b>				Date <b>2-28-17</b>	
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

FILED

MAR 03 2017

BY 2435 DS

FORM 630 - Revised: 10/2015