



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 000124065		2. Exact name of the Corporation Le's Floor Service Inc.	
3. Principal Office Address 5 HOBSON AVENUE		City CRANSTON	State RI
		Zip 02910	
4. NAICS Code 23	6. Brief description of the character of business conducted in Rhode Island TO CONDUCT AND OPERATE A FLOOR SERVICE BUSINESS. TO INCLUDE, BUT NOT LIMITED TO, THE INSTALLING, SANDING AND REFINISHING OF WOOD FLOORS.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name YEN VU		Vice-President Name YEN VU	
Street Address 5 HOBSON AVENUE		Street Address 5 HOBSON AVENUE	
City CRANSTON	State RI	Zip 02910	
Secretary Name YEN VU		Treasurer Name YEN VU	
Street Address 5 HOBSON AVENUE		Street Address 5 HOBSON AVENUE	
City CRANSTON	State RI	Zip 02910	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name YEN VU		Director Name	
Street Address 5 HOBSON AVENUE		Street Address	
City CRANSTON	State RI	Zip 02910	
Director Name		Director Name	
Street Address		Street Address	
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. 800.00		NUMBER OF SHARES 0.00	
Changes require an additional filing.		CLASS/SERIES STK	
		PAR VALUE 0.0000	
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 YEN J VU		Date 3-9-2017	
Signature of Authorized Representative <i>[Signature]</i>			

FILED

MAR 13 2017

BY

4188 DS

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov