



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.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|------------------------------------------------------------------|
| 1. Entity ID Number 94967 | | 2. Exact name of the Corporation Able Wood Floors, Inc. | | | |
| 3. Principal Office Address 99 Mauran St | | | City Cranston | State RI | Zip 02910 |
| 4. NAICS Code 23 - Construction | | 6. Brief description of the character of business conducted in Rhode Island Install & refinish hardwood floors | | | |
| 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 Shirley A. Miller | | | Vice-President Name | | |
| Street Address 99 Mauran St | | | Street Address | | |
| City Cranston | State RI | Zip 02910 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| 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 | | | 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 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 | |
| | | 0 | | \$0.00 | |
| | | | | | |
| <p>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.</p> <p>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.</p> | | | | | |
| Name of Authorized Representative <i>Shirley A Miller</i> | | | | | Date <i>3/13/17</i> |
| Signature of Authorized Representative <i>Shirley A Miller</i> | | | | | |

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 15 2017
 BY 2700 DS