



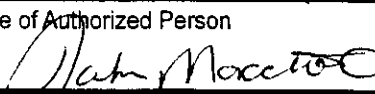
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2017
Limited Liability Company

2017 APR 20 PM 12: 30

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 11661059		2. Exact name of the Limited Liability Company COMMERCIAL FLOORING GROUP			
3. NAICS Code 23		4. Brief description of the character of business conducted in Rhode Island FLOORING			
5. State of Formation RI					
6. Principal Office Address 53 High St Suite 305			City WESTERLY	State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name John Maccione			Contact Title Agent		
Street Address 53 High St Suite 305			City WESTERLY	State RI	Zip 02891
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name John Maccione I			Manager Name		
Street Address 53 High St Suite 305			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Manager Name CHRISTINE MACCIONE			Manager Name		
Street Address 53 High St Suite 305			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person John Maccione				Date 4/20/17	
Signature of Authorized Person 			SIGN DOCUMENT HERE		

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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