



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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STATE  
SECRETARY  
CORPORATIONS  
2017 DEC 19 PM 12:01

1. Entity ID Number <b>598853</b>		2. Exact name of the Corporation <b>APPLIED FLOOR SYSTEMS, INC.</b>	
3. Principal Office Address <b>47 Bonnet Point Road</b>		City <b>Narragansett</b>	State <b>RI</b>
4. NAICS Code <b>238110</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A FLOOR SYSTEMS COMPANY AND ANY AND ALL OTHER LEGAL PURPOSES.</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>Kevin Haughey</b>		Vice-President Name <b>Raymond Hicks</b>	
Street Address <b>47 Bonnet Point Road</b>		Street Address <b>780 Boston Neck Road</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Narragansett</b>	State <b>RI</b>
Secretary Name <b>Raymond Hicks</b>		Treasurer Name <b>Kevin Haughey</b>	
Street Address <b>780 Boston Neck Road</b>		Street Address <b>47 Bonnet Point Road</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Narragansett</b>	State <b>RI</b>
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>Kevin Haughey</b>		Director Name <b>Raymond Hicks</b>	
Street Address <b>47 Bonnet Point Road</b>		Street Address <b>780 Boston Neck Road</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Narragansett</b>	State <b>RI</b>
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>.01</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>Kevin Haughey - President</b>			Date <b>12/19/17</b>
Signature of Authorized Representative <i>[Signature]</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

12:02

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BY

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