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

FILED
JAN 05 2018
BY

Annual Report for the year: 2018
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	2. Exact name of the Corporation			
148688	ENC Floor Covering , Inc.			
3. Principal Office Address		City	State	Zip
12 Lorraine Road		Westerly	RI	02891
4. NAICS Code 23321	6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation	To own and operate the Business & Installation of Floor Coverings of all types			
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Craig D'Ortona			Vice-President Name Craig D'Ortona		
Street Address 12 Lorraine Road			Street Address 12 Lorraine Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Craig D'Ortona			Treasurer Name		
Street Address 12 Lorraine Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	STK	$1.00
Changes require an additional filing.			

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	Date
Craig D'Ortona	12-26-17
Signature of Authorized Representative	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

FORM 630 - Revised: 02/2017