



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

→ 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 66758		2. Exact name of the Corporation PT FLOOR COVERING, INC.			
3. Principal Office Address 91 NORTH MAIN STREET		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island FLOORING INSTALLATION, REPAIRS & SALES			
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 PAUL McBURNEY			Vice-President Name MARCIA McBURNEY		
Street Address 43 GLAUDE LANE			Street Address 43 GLAUDE LANE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name PAUL McBURNEY			Treasurer Name PAUL McBURNEY		
Street Address SEE ABOVE			Street Address SEE ABOVE		
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 PAUL McBURNEY			Director Name MARCIA McBURNEY		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
Director Name TIMOTHY TESSIER			Director Name		
Street Address 83 PROGRESSO AVENUE			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
9. Shares Authorized This 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
		200		COMMON	NO PAR VALUE
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 PAUL McBURNEY				Date 1/13/18	
Signature of Authorized Representative <i>Paul McBurney</i>				SIGN DOCUMENT HERE FILED JAN 22 2018 6276	

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: 10/2017