



Department of State - Business Services Division

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 159093		2. Exact name of the Corporation Valley Floor Covering, Inc.												
3. Principal Office Address 144 Broad St		City Cumberland		State RI	Zip 02864									
4. NAICS Code 238 330 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Carpet Seller and Installer												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Marco Almeida			Vice-President Name Rui Almeida											
Street Address 77 Hilltop Road			Street Address 77 Hilltop Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
Secretary Name Marco Almeida			Treasurer Name Fernando Almeida											
Street Address 77 Hilltop Road			Street Address 77 Hilltop Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Fernando Almeida			Director Name None											
Street Address 77 Hilltop Road			Street Address											
City Cumberland	State RI	Zip 02864	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>Common</td><td>No Par Value</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	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 Marco Almeida					Date 1/16/18									
Signature of Authorized Representative 					FILED									

FEB 27 2018

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