



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

Annual Report for the year: 2018  
Limited Liability Company

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

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SECRETARY OF STATE  
CORPORATION DIV  
2018 JUN -5 PM 2:30

1. Entity ID Number <u>13451</u>		2. Exact name of the Limited Liability Company <u>Imperial Flooring, LLC</u>			
3. NAICS Code <u>238330</u>		4. Brief description of the character of business conducted in Rhode Island <u>Flooring (Tile)</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>2200 Diamond Hill Rd</u>			City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Alex Chahine</u>			Contact Title 		
Street Address <u>2200 Diamond Hill Rd</u>			City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name 			Manager Name 		
Street Address 			Street Address 		
City 	State 	Zip 	City 	State 	Zip 
Manager Name 			Manager Name 		
Street Address 			Street Address 		
City 	State 	Zip 	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.					
<b>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.</b>					
Name of Authorized Person <u>Alexandros chahine</u>				Date <u>6-5-18</u>	
Signature of Authorized Person <u>Alexandros chahine</u>					

## 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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BY [Signature]  
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