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SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 11 PM 12:45



State of Rhode Island and Providence Plantations
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 687494		2. Exact name of the Corporation J.C. Floor Covering Company	
3. Principal Office Address 30 Manning Road		City Billerica	State MA
		Zip 01821	
4. NAICS Code 238330	6. Brief description of the character of business conducted in Rhode Island Flooring		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name James Colombo		Vice-President Name	
Street Address 5 Amy Road		Street Address	
City Peabody	State MA	Zip 01960	
Secretary Name Lorraine Sabella		Treasurer Name	
Street Address 43 Burroughs Road		Street Address	
City North Reading	State MA	Zip 01864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 0	CLASS/SERIES
			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 James Colombo		Date 06/02/2018	
Signature of Authorized Representative <i>James Colombo</i>		DOCUMENT HERE FILED	

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 *JP 332425*

FORM 630 - Revised: 10/2017