



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

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

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	City	State	Zip
Secretary Name Lorraine Sabella			Treasurer Name		
Street Address 43 Burroughs Road			Street Address		
City North Reading	State MA	Zip 01864	City	State	Zip
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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		0			
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 *OP 332425*

FORM 630 - Revised: 10/2017