



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

Annual Report for the year: 2018 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 OCT 23 PM 2:07

- 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 000087943		2. Exact name of the Corporation RHODE ISLAND FLOOR PLANING COMPANY, INC.			
3. Principal Office Address 156 MORGAN AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island HARDWOOD FLOOR INSTALLATION AND REFINISHING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MICHAEL DIGREGORIO, JR			Vice-President Name NIKOLE LEIGH-ANN DIGREGORIO		
Street Address 156 MORGAN AVENUE			Street Address 156 MORGAN AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	CNP	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. <i>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.</i>					
Name of Authorized Representative MICHAEL DIGREGORIO, JR					Date 10/22/18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

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