



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

FILED STAMP

FEB 28 2019

BY 3172 DS

Annual Report for the year: 2019 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 000033358		2. Exact name of the Corporation NEW YORK FLOORING, INC.			
3. Principal Office Address 265 Sayles Avenue			City Providence	State RI	Zip 02905
4. NAICS Code 23 - Construction <i>236118</i>		6. Brief description of the character of business conducted in Rhode Island Installation of flooring			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Leigh V. Augustine			Vice-President Name		
Street Address 265 Sayles Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Leigh V. Augustine			Treasurer Name Leigh V. Augustine		
Street Address 265 Sayles Avenue			Street Address 265 Sayles Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600		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 Leigh V. Augustine, President					Date 2/14/19
Signature of Authorized Representative <i>Leigh V. Augustine</i>					SIGN DOCUMENT HERE