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

FILED
MAR 04 2019
BY 3 0109 40

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	2. Exact name of the Corporation			
75435	New England Epoxy Flooring, Co.			
3. Principal Office Address		City	State	Zip
10 Rawlinson Drive		Coventry	RI	02816
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238330	Installation of Epoxy Flooring			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Dennis J. Gelinas			Vice-President Name: Renee M. Gelinas		
Street Address: 30 Cutler Road			Street Address: 30 Cutler Road		
City: Dayville	State: CT	Zip: 06241	City: Dayville	State: CT	Zip: 06241
Secretary Name: Renee M. Gelinas			Treasurer Name: Renee M. Gelinas		
Street Address: 30 Cutler Road			Street Address: 30 Cutler Road		
City: Dayville	State: CT	Zip: 06241	City: Dayville	State: CT	Zip: 06241

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: N/A			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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	Common Stock	$1.00

11. This report must be executed on behalf of the corporation by an authonzed 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	Date
Dennis J. Gelinas, President	2-24-19

Signature of Authonzed Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017