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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2019 Corporation

MAR 04 2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BY		\mathcal{Q}	\mathcal{L}	

1. Entity ID Number	ity ID Number 2. Exact name of the Corporation								
75435		New England Epoxy Flooring, Co.							
Principal Office Address		,py .		***	State	Zip			
3. Principal Office Address 10 Rawlinson Drive			City		RI	02816			
						02010			
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island							
238330	Installation	Installation of Epoxy Flooring							
5. State of Incorporation	_								
Rhode Island									
7. List ALL officers (names and	d addresses)		· ·	Check	he box to in	ndicate an attachment 🖂			
President Name Dennis J. Geli	Vice-President Name Renee M. Gelinas								
		_							
Street Address 30 Cutler Road	Street Address 30 Cutler Road								
City Dayville	State CT	^{Zip} 06241	City Dayville Sta		State CT	Zip 06241			
Secretary Name Renee M. Geli	Treasurer Name Renee M. Gelinas								
Street Address 30 Cutler Road			Street Address 30 Cutler Road						
City Dayville	State CT	^{Zip} 06241			State CT	tate CT Zip 06241			
8. List ALL directors (names a	nd addresses)			Check	the box to ii	ndicate an attachment 🗀			
Director Name N/A			Director Name						
Street Address			Street Address	Street Address					
			0.0007.1007000	•					
City	State	Zıp	City		State	Zıp			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zıp	City		State	Zip			
·					<u></u>				
9. Shares Authorized		10. Shares Iss							
This information is currently of record in the Department of State.			NUMBER OF SHARES						
		100		Common Stock		\$1.00			
Changes require an additional t	iling.								
11. This report must be execu	ted on hehalf of the	compration by an	authorized repres	entative. If the como	ration is in t	the hands of a receiver or			
trustee, this report must be ex						The Harles of a reserver of			
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									
Signature of Authorized Flepresentative									
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov