



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

Annual Report for the year: **2019**
Corporation

STAMP

- 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 789902		2. Exact name of the Corporation ParquetRue, Inc.			
3. Principal Office Address 455 Tillinghast Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 321918		6. Brief description of the character of business conducted in Rhode Island Hardwood 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 Yuliya Matiachov			Vice-President Name Yuliya Matiachov		
Street Address 455 Tillinghast Road			Street Address 455 Tillinghast Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Yuliya Matiachov			Treasurer Name Yuliya Matiachov		
Street Address same as above			Street Address same		
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 Yuliya Matiachov			Director Name		
Street Address same as above			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE 01
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 all accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Yuliya Matiachov			Date MAR 25 2019 3/19/19		
Signature of Authorized Representative <i>[Signature]</i>			BY 1526 DS		

MAIL TO:
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