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

Annual Report for the year: 2020 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 760164		2. Exact name of the Corporation Authority Flooring, Inc.			
3. Principal Office Address 27 Libera Street			City Cranston	State RI	Zip 02920
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island Sales and installation of all types of residential and commercial 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 Shirley Munoz-Nardolillo			Vice-President Name Steven Nardolillo		
Street Address 130 Park Forest Drive			Street Address 130 Park Forest Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Shirley Munoz-Nardolillo			Treasurer Name Shirley Munoz-Nardolillo		
Street Address 130 Park Forest Drive			Street Address 130 Park Forest Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Shirley Munoz-Nardolillo			Director Name Steven Nardolillo		
Street Address 130 Park Forest Drive			Street Address 130 Park Forest Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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		PAR VALUE
			300	Common	None .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 any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Shirley Munoz-Nardolillo				Date 2/10/2020	
Signature of Authorized Representative 			SIGN DOC: FILED		

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

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