RI SOS Filing Number: 202035459910 Date: 2/26/2020 4:00:00 PM

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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.

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1. Entity ID Number	2. Exact nan	2. Exact name of the Corporation						
000124065	1	Le's Floor Service Inc.						
3. Principal Office Address			City		State	Zip		
5 Hobson Avenue			Cranston		Ri	02910		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
238330		To conduct and operate a floor service business. To include, but not limited to, the installing,						
5. State of Incorporation	sanding an	sanding and refinishing of wood floors.						
RI								
7. List ALL officers (names an	d addresses)			Che	ck the box to indi	cate an attachment 🔲		
President Name Yen Vu			Vice-President Name Yen Vu					
Street Address 5 Hobson Aver	Street Address 5 Hobson Avenue							
City Cranston	State RI	Z _{IP} 02910	City Cranston		Slate RI	^{Zıp} 02910		
Secretary Name Yen Vu			Treasurer Name Yen Vu					
Street Address 5 Hobson Avenue			Street Address 5 Hobson Avenue					
City Cranston	State RI	^{Z·ρ} 02910	^{City} Cranston		State RI Zip 02910			
8. List ALL directors (names a	nd addresses)			Che	eck the box to indi	cate an attachment		
Director Name Yen Vu			Director Nam	ie				
Street Address 5 Hobson Avenue			Street Address					
Cranston	State RI	^{Zıp} 02910	City		State	Zıp		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	L	10. Shares Iss		sued Check the box to indicate an attachment C				
This information is currently of	record in the	NUMBER OF SHARES			CLASS'SERIES PAR VALUE			
Department of State.		0.00		STK				
Changes require an additional filing.		····						
11. This report must be execu	ted on behalf of the	corporation by an	authorized renre	Lesentative. If the co	progration is in the	hands of a receiver or		
trustee, this report must be ex	ecuted on behalf o	f the corporation by	the receiver or l	trustee.				
Under penalty of perjury, I d				including any acc	companying sche	edules and		
statements, and that all statements contained herein are true and co Name of Authorized Representative				***	Date			
Yen Vu		Jeb 22. 2020						
Signature of Authorized Repre	esentative Ne	, ,				_		
	10	· · · · · · · · · · · · · · · · · · ·			-			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov