

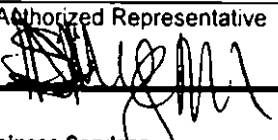


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED
MAR 06 2020
5890
S.A. P

1. Entity ID Number 8889		2. Exact name of the Corporation McGovern's Floor Covering, Inc.			
3. Principal Office Address 365 Metacom Avenue		City Bristol		State RI	Zip 02809
4. NAICS Code 313210		6. Brief description of the character of business conducted in Rhode Island Install and distribute carpet materials and associates lines			
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 David McGovern, Jr.			Vice-President Name David McGovern, Jr.		
Street Address 365 Metacom Avenue			Street Address 365 Metacom Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Sarah McGovern			Treasurer Name Sara McGovern		
Street Address 365 Metacom Avenue			Street Address 365 Metacom Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David McGovern			Director Name David McGovern, Jr.		
Street Address 27 Harborview Avenue			Street Address 365 Metacom Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE No Par Value
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 David McGovern, Jr.				Date 2/29/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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