RI SOS Filing Number: 202036954180

Date: 3/30/2020 11:58:00 AM PLECEIVED

R.J. STATE



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

2020 IMR 30 A 11:57

Annual Report for the year: 2019
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	12 Event name of the Companion						
	2. Exact name of the Corporation						
00/66/330	South Coast Flooring Inc						
Principal Office Address			City		State	Zip	
111 Forge Road			Westport		MA .	02790	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
238330	Commercial Flooring						
5. State of Incorporation	7						
MA	<u> </u>						
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name			Vice-President I	Name	-		
Nelia Padinha			<u> </u>				
Street Address 7 Taber Lane			Street Address				
City	State	Zip	City		State	Zip	
Westport	MA	02790	",				
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad	dresses)	<u> </u>		Check t	he box to indicate	an attachment 🔲	
Director Name	Director Name	•					
Street Address			Street Address		•		
City	State	Zip	City		State	Zip .	
Director Name			Director Name				
Street Address			Street Address				
Street Audiess			Street Montess				
City	State	Zip	City		State	Zip	
			<u> </u>	<u> </u>	<u> </u>		
9. Shares Authorized	Shares Authorized 10. Shares Issu						
This information is currently of record in the Department of State.			NUMBER OF SHARES			PAR VALUE	
$r \rightarrow 1$		0	1		. ]		
Changes require an additional filling.				<u></u>			
11 This report must be executed or	n behalf of the co	ornoration by an a	thorized represe	entative. If the corpor	ration is in the har	ids of a receiver or	
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  Date						<del></del> -	
Nelia Padinha					2/28/2020		
Signature of Authorized Representative							
SIGN DOCUMENT HERE FILED							
FILEU							

MAIL TO

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 3 0 2020

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FORM 630 - Revised: 10/2017

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