



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1333
401.222.3041

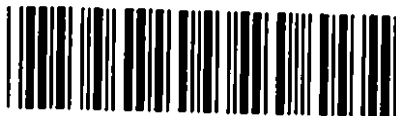
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1. • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------------|---|---|--------------------|---------------------------|
| 1. Corporate ID No. 105154 | | 2. Name of Corporation M&R Floors, Incorporated | | | |
| 3. Street Address Principal Business Office 880 Lapham Farm Road | | City Pascoag | | State RI | Zip 02859 |
| 4. Business Phone No. 568-1211 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 414 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE SALES AND INSTALLATION OF FLOOR COVERING. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael J. Canavan | | | Vice President Name None | | |
| Street Address 880 Lapham Farm Road | | | Street Address | | |
| City Pascoag | State RI | Zip 02859 | City | State | Zip |
| Secretary Name Michael J. Canavan | | | Treasurer Name Michael J. Canavan | | |
| Street Address 880 Lapham Farm Road | | | Street Address 880 Lapham Farm Road | | |
| City Pascoag | State RI | Zip 02859 | City Pascoag | State RI | Zip 02859 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Michael J. Canavan | | | Director Name None | | |
| Street Address 880 Lapham Farm Road | | | Street Address | | |
| City Pascoag | State RI | Zip 02859 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,500 NO PAR VALUE | | | 1250 | Common | No Par Value |
| | | | | | |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| ISSUED SHARES | | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| | | | | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date Feb 22 2005
Check No. 3666
By KB
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Michael J. Canavan

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|---|-------------|--|--------------------------------------|--------------|--------------------|
| 1. Corporate ID No. 105154 | | 2. Name of Corporation M&R Floors, Incorporated | | | |
| 3. Street Address Principal Business Office 618 Main Street Suite 12 | | City Coventry | State RI | Zip 02816 | |
| 4. Business Phone No 821-6808 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 414 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE SALES AND INSTALLATION OF FLOOR COVERING. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael J. Canavan | | | Vice President Name None | | |
| Street Address 15 Woodmist Circle | | | Street Address | | |
| City Coventry | State RI | Zip 02816 | City | State | Zip |
| Secretary Name Michael J. Canavan | | | Treasurer Name Michael J. Canavan | | |
| Street Address 15 Woodmist Circle | | | Street Address 15 Woodmist Circle | | |
| City Coventry | State RI | Zip 02816 | City Coventry | State RI | Zip 02816 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Michael J. Canavan | | | Director Name None | | |
| Street Address 15 Woodmist Circle | | | Street Address | | |
| City Coventry | State RI | Zip 02816 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES | | | | | |
| Number of Shares | | Class/Series | Par Value | | |
| 1,500 NO PAR VALUE | | | | | |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES | | | | | |
| Number of Shares | | Class/Series | Par Value | | |
| 1,250 | | Common | No Par Value | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date

FEB 26 2004

Check No.

By: M 21 707 CSM

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Michael J. Canavan

Print or Type Name of Officer

President

Title of Officer

Date

02/13/04



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

105154

M&R Floors, Incorporated

3. Street Address Principal Business Office

618 Main Street Suite 12

City
Coventry

State
RI

Zip
02816

4. Business Phone No.

5. State of Incorporation

(401) 821-6808

RHODE ISLAND

6. SIC Code

414

7. Brief Description of the Character of Business Conducted in Rhode Island

Commercial Floor Covering

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Rachel D. Canavan

Street Address

15 Woodmist Circle

City
Coventry

State
RI

Zip
02816

Secretary Name

Rachel D. Canavan

Street Address

15 Woodmist Circle

City
Coventry

State
RI

Zip
02816

Vice President Name

Michael J. Canavan

Street Address

15 Woodmist Circle

City
Coventry

State
RI

Zip
02816

Treasurer Name

Michael J. Canavan

Street Address

Co 15 Woodmist Circle

City
Coventry

State
RI

Zip
02816

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Rachel D. Canavan

Street Address

15 Woodmist Circle

City
Coventry

State
RI

Zip
02816

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,500 NO PAR VALUE

Number of Shares

Class/Series

Par Value

1250

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 5 1 5 4 *

File Date: 2/20/03

Check No.: 2742

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Michael J. Canavan

Print or Type Name of Officer

Vice President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

105154

2. Name of Corporation

M&R Floors, Incorporated

3. Street Address Principal Business Office

349 So. Main Street

City

Woonsocket

State

RI.

Zip

02895

4. Business Phone No.

(401)766-6646

5. State of Incorporation

RHODE ISLAND

6. SIC Code

414

7. Brief Description of the Character of Business Conducted in Rhode Island

Commercial floor covering contractor

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Rachel Canavan

Vice President Name

Michael Canavan

Street Address

349 So. Main Street

Street Address

349 So. Main Street

City

Woonsocket

State

RI.

Zip

02895

City

Woonsocket

State

RI.

Zip

02895

Secretary Name

Michael Canavan

Treasurer Name

Rachel Canavan

Street Address

349 So. Main Street

Street Address

349 So. Main Street

City

Woonsocket

State

RI.

Zip

02895

City

Woonsocket

State

RI.

Zip

02895

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Michael Canavan

Director Name

NONE

Street Address

349 So. Main Street

Street Address

City

Woonsocket

State

RI.

Zip

02895

City

State

Zip

Director Name

Rachel Canavan

Director Name

NONE

Street Address

349 So. Main Street

Street Address

City

Woonsocket

State

RI.

Zip

02895

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,500 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,250

common stock No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 5 1 5 4 *

File Date: 3-1-02

Check No.: 2329

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Rachel Canavan 02/20/02
Signature of Officer Date

Rachel Canavan, President
Print or Type Name of Officer

President

Title of Officer
5



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **105154** 2. Name of Corporation **M&R Floors, Incorporated**

3. Street Address Principal Business Office **436 Gaskill Street** City **Woonsocket** State **RI.** Zip **02895**

4. Business Phone No. **766-6646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**

7. Brief Description of the Character of Business Conducted in Rhode Island
Commercial or Contract Floor Covering.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Rachel D. Canavan Street Address 436 Gaskill Street City Woonsocket State RI. Zip 02895 | Vice President Name Michael J. Canavan Street Address 436 Gaskill Street City Woonsocket State RI. Zip 02895 |
| Secretary Name Rachel D. Canavan Street Address 436 Gaskill Street City Woonsocket State RI. Zip 02895 | Treasurer Name Michael J. Canavan Street Address 436 Gaskill Street City Woonsocket State RI. Zip 02895 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|--|
| Director Name Rachel D. Canavan Street Address 436 Gaskill Street City Woonsocket State RI. Zip 02895 | Director Name Michael J. Canavan Street Address 436 Gaskill Street City Woonsocket State RI. Zip 02895 |
| Director Name None Street Address City State Zip | Director Name None Street Address City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,500 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,250 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 5 1 5 4 *

File Date **1/16**
1829
Check No. **2**
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Rachel D. Canavan **1-14-01**
Signature of Officer Date
Rachel D. Canavan
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **105154** 2. Name of Corporation **M&R Floors, Incorporated**

3. Street Address Principal Business Office
436 Gaskill St

City **Woonsocket** State **RI**

Zip **02895**

4. Business Phone No. **401 766-6646**

5. State of Incorporation
RHODE ISLAND

6. SIC Code
0414

7. Brief Description of the Character of Business Conducted in Rhode Island

Contract Floor Covering, to include carpet, VCT and sheet vinyl.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Michael Canavan

Street Address

436 Gaskill St.

City **Woonsocket** State **RI**

Zip **02895**

Vice President Name

Rachel Tryhubczak

Street Address

436 Gaskill St.

City **Woon.** State **RI**

Zip **02895**

Secretary Name

Rachel Tryhubczak

Street Address

436 Gaskill St.

City **Woon.** State **RI**

Zip **02895**

Treasurer Name

Michael Canavan

Street Address

436 Gaskill St.

City **Woon.** State **RI**

Zip **02895**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Michael Canavan

Street Address

436 Gaskill St.

City **Woon** State **RI**

Zip **02895**

Director Name

Rachel Tryhubczak

Street Address

436 Gaskill St.

City **Woon** State **RI**

Zip **02895**

Director Name

NONE

Street Address

City State Zip

Director Name

NONE

Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,500 NO PAR VALUE

NONE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 5 1 5 4 *

File Date: **PAID 1390**

Check No.: **FEB 14 2000**

By: **SECY OF STATE**
FOR SECRETARY OF STATE USE ONLY

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.

Michael Canavan 1/3/00
Signature of Officer Date

Michael Canavan
Print or Type Name of Officer

president
Title of Officer