

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

Matthew A. Brown, Secretary of State

Corporations Division 100 Nonb Main Stree Providence, RI 02903-133; 401-222.304i

Form 630 Rev. 12/03

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRI	March I, • Fill NTED IN BIACK)	ng Fee: \$50.00			<u> </u>
1. Corporate ID No.	2. Name of Corporation)			
105154	M&R Floors in				,
3. Street Address Principal Business Fa	Office		Pascoag	State	0 2859
4. Bustness Phone No. 568 - 1211		5. State of Incorporation			6. SIC Code
7. Brief Description of the Character	of Business Conducted to	RHODE ISLAND			414
TO ENGAGE IN THE SA	LES AND INSTALLAT	TION OF FLOOR COVE	RING.	·	
8. NAMES AND ADDRESSES President Name.	OF THE OFFICERS	S: ("X" BOX FOR ATT	TACHMENT) [] FILL, IN	SPACES BEFORE USIN	G ATTACHMENTS
Street Address	Canavan		None		
880 Lapham	Farm Road		Street Address		
Pascoag Secretary Name	State RI-	^{7.μ} 02859	City	State	Zip
Michael J.	Canavan	· 	Michael	T. Conava	7
880 hapham	Farm Ro	T	880 Lapha	im Farm	Road
Pascoag	RI	02559	Pascoag	State R.I.	02859
Director Name /	OF THE DIRECTOR	RS: ("X" BOX FOR AT		N SPACES BEFORE USI	NG ATTACHMENTS
Michael J.	Canavar	7	Director Name VONC		
Street Address		Da. /	Street Address		
680 hapham	Farm 1	70ac			
Pascoag Director Name	RI	02859	City	State	Zip
None			Director Name	•••••••••••••••••••••••••	******
Street Address			Street Address		
City	T				
cuir	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	! "X" BOX FOR ATTA	 CHMENT)	11. SHARES ISSUED (X" BOX FOR ATTACH.	MENT)
Number of Shares	Class/Sories	Par Value	Number of Shares	Class/Sories	Par Value
1,500 NO PAR VALUE			1250	Common	NO Par
					Value
This report must be si	gned in Ink by cithe	r the President, Vice P	resident, Secretary, Assistan	nt Secretary, Treasurer, F	Receiver or Trustee
					at I have examined this report,
FILE	•		including any accompanied berein are	panying schildules and entic	ments, and that all statements
	2005		'/ sect	wx// Can	02/21/05
Check No.	3666		Signature of Officer	11/4	Date
ву:			Print or Time Name of		ouven
FOR SECRETARY OF STAT	E USE ONLY		Print or Type Name of	" /	
			Title of Officer		



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 02903-1335 401.222.3040

PR	OF	Tľ	CORI	PO	RA	TI	ON	AN	INI	ŪΑ	L	RE	P(ORT	`F(R	THE	YEAR	2004	
	_					_														

Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) I Corporate ID No. 2. Name of Corporation M&R Floors, Incorporated 3 Street Address Principal Business Office State 028/6 618 Main Street 4. Business Phone No 5. State of Incorporation 6. SIC Code 821-6808 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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Nichael None 02816 THE DIRECTORS: ("X" BOX FOR ATTACHMENT) None Sireci Address City Zφ Director Name None Sireci Address Sireet Address State Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Class/Series Number of Shares Class/Series Par Wille No Par Value 1,250 DIMMON 1,500 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. File Date FEB 26 2004 FOR SECRETARY OF STATE USE ONLY Title of Officer



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

t.dward S. Inman, 111, 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 02816 6. SIC Code RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island 414 Commercial Floor Covering 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("x" BOX FOR ATTACHMENT) FILMIN SPACES BEFORE USING ATTACHMENTS None City State Zip Director Name City State Zip 10. SHARES WUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value No Par Value 1,500 NO PAR VALUE 1250 COMMON

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.:	<u> </u>
By:FOR SECRETARY OF	F 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 viue and correct.
Michel 1. (cenar 02/14/03
Signature of Officer Date
Michael J. Canavan
Print or Type Name of Officer
Vice President
Title of Officer Form 630 12/02

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

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

STOP PLEASE READ INSTRUCTIONS

105154	M&R Floors.	Incorporated			
3. Street Address Principal Business	Office	,	City	State	Zlp
349 So. Main 4. Business Phone No.	Street	5. State of Incorporation	Woorsocket	RI.	02895 6. SIC Code
(401)766-664	6	RHODE ISLAND			414
7. Brief Description of the Character Commercial f		Rhode Island ing contractor			
8. NAMES AND ADDRES	SES OF THE OFFIC	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEI Vice President Name	FORE USING ATTACHME	ENTS
Rachel Canava			Michael Cana Street Address	van	
349 So. Main	Street		349 So. Main	Street	
Woonsocket	RI.	02895	Woonsocket	RI.	^{Zip} 02895
Secretary Name			Treasurer Name		
Michael Canav	an		Rachel Canav	an	
349 So. Main	Street		349 So. Main	Street	
Woonsocket	State RI.	^{z_{ip}} 02895	Woonsocket	RI.	^{Zip} 02895
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B Director Name	EFORE USING ATTACH	MENTS
Michael Canav	an		NONE Street Address		
349 So. Main	Street				
Woonsocket	State RI.	02895	City	State	Zip
Director Name		* ****	Director Name		
Rachel Canava Greet Address 349 So. Main	n Street		NONE Street Address		
Woonsocket	State RI.	^{zip} 02895	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	O ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 NO 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



3-1-02

File Date: _ 2329 Check No.: _

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.

12 11	
Jacket	Canara
Signature of Officer	

02/20/02

Date

Rachel Canavan, President

Print or Type Name of Officer

President

Title of Officer **♦ 5**

Form 630 12/01

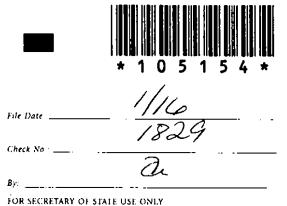
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1 Corporate ID No 2. Name of Corporation 105154 M&R Floors, Incorporated 3 Street Address Principal Business Office City 436 Gaskill Wowsocket 4 Business Phone No. 5. State of Incorporation RHODE ISLAND 766-6646 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 Vice President Name Rachel Michael Street Address City LUOONSOCKET 436 02895 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Michael Kuche Street Address Street Address City State City State 710 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 Number of Shares Par Value Class/Series 1,500 NO PAR VALUE No Par Value 1.250 COMMON

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



Under penalty of perjury, I declare and af-	firm that I have examined
this report, including any accompanying	schedules and statements, and
that all statements contained herein are t	rue and correct.
Rackel A Consisan	1-14-01

Khilul K	Car	raisn	1-14	- 01
Signature of Officer			Date	
Rachel	D	Canavar)	

Print or Type Name of Officer	 	
President		
Title of Officer		



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. 2. Name of Corporation 105154 M&R Floors, Incorporated 3. Street Address Principal Business Office 436 Gaskill 4 Business Phone No. 5. State of Incorporation 6. SIC Code 766-6646 401 RHODE ISLAND 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 Vice President Name Tryhubizak Michael Canavan Rochel Street Address 02895 RI. Woon. 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WOUN Director Name NONF RIGHT Street Address Street Address City State Zip City Zip State 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 Number of Shares Class/Series Par Value 500 1,500 NO PAR VALUE NO PAR VALUE

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

Title of Officer

NONE



File Date:	PAID WO 390
Check No.: _	- FEB 1 4 2000
Ву:	SECY OF STATE

FOR SECRETARY OF STATE USE ONLY

that all statements contained negein are	true and correct.	
	. /- 1	
Michael Carean	1/3/00	
Signature of Officer	Date	
Michael Canavan		
Print or Type Name of Officer		
president		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and