

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 Proxidence, RI 02903-1335 401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ Filing Period: January 1 - March 1 • Filing Fee: \$50.00

2005

1. Corporate ID No	2 Name of Corporati	on -			
19675	The Belknap White Group, Inc.				
3 Street Address Principal Business 111 Plymouth Stree			Cit: Mansfield	State MA	02048
### 800-283-7500 5 State of Incorporate 800-283-7500					6 SIC Gale 2618
Brief Description of the Character DISTRIBUTION AND SA	ef Rasmes Conducted (ALE OF FLOOR COV	n Rhode Island		-	
3. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT) XI FILL IN	SPACES BEFORE USING	G ATTACHMENTS
RAYMOND T. MA	ANCINI, JR.		Vice President Name DEBOI	RAH A. MORRO	ссо
c/o One Financia	l Plaza, Suite	e 1510	Sirvet Address C/o One Financ	ial Plaza, Suite	1510
Providence	State R1	ZФ 02903	Providence	State R1	02903
ecretary Name			Treasurer Name	••••••	
<u>DEBORAH A. MC</u>	DRROCCO		RAYMOND T	<u>. MANCINI, JR</u>	•
c/o One Financia	I Plaza, Suite	e 1510	•	ial Plaza, Suite	1510
					
•	State	Ζφ	Gity	State	Zip
Providence	RI	02903	Providence	RI	02903
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D. NAMES AND ADDRESSES Director Name Street Address City LO. SHARES AUTHORIZED MUTHORIZED SHARES Number of Shares	RI S OF THE DIRECTO NONE State State ("X" BOX FOR AT	02903 ORS: ("X" BOX FOR Δ Ζψ Ζψ	Providence ATTACHMENT) FILL IN Director Name NONE Street Address Out Out In Shares Issued (Issued Shares Number of Shares	State State State Class/Scries	Zip Zip Zip Par Vidue



File Date 1-21-05 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 oprrect.

Signature of Office

Samuel J. Kolodney
Print or Type Name of Officer

Assistant Secretary

Title of Officer

The Belknap White Group, Inc.

Corporate ID #19675

Additional Officers:

A. Theodore Ware Paul Castagliuolo c/o One Financial Plaza, Suite 1510 Providence, RI 02903

Executive Vice President Executive Vice President

Samuel J. Kolodney One Financial Plaza Suite 1510 Providence, R1 02903 **Assistant Secretary**

Gerald E. Freeman 119 Hopkins Hill Road West Greenwich, RI 02817 **Assistant Secretary**

FILED

JAN 2 1 2005

By Se



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

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No 2. Name of Corporation 19675 The Belknap White Group, Inc. 3. Street Address Principal Business Office State Zin City 111 Plymouth Street Mansfield MA 02048 4 Business Phone No. 5 State of Incorporation 6 SIC Code 800-283-7500 RHODE ISLAND 2618 7. Brief Description of the Character of Business Conducted in Rhode Island DISTRIBUTION AND SALE OF FLOOR COVERINGS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) XX FILL IN SPACES BEFORE USING ATTACHMENTS President Name RAYMOND T. MANCINI, JR. DEBORAH A. MORROCCO Sinvi Address § One Financial Plaza, Suite 1510 % One Financial Plaza, Suite 1510 State State Providence RI **Providence** 02903 02903 RI Secretary Name Treasurer Name DEBORAH A. MORROCCO RAYMOND T. MANCINI, JR. Street Address % One Financial Plaza, Suite 1510 One Financial Plaza, Suite 1510 State State RI 02903 **Providence** RI 02903 ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name NONE NONE Street Address Street Address City State ZΙρ Director Name NONE NONE Street Address Street Address City State Zip 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 Number of Shares Class/Series Par Value 3,775 Common Par \$1 8,000 \$1.00 PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

Samuel J. Kolodney

Print or Type Name of Officer

Assistant Secretary

Title of Officer

Signature of Office

Form 630 Rev. 12/03

The Belknap White Group, Inc. Corporate ID #19675

Additional Officers:

A. Theodore Ware Paul Castagliuolo One Financial Plaza, Suite 1510 Providence, RI 02903

Executive Vice President Executive Vice President

Samuel J. Kolodney One Financial Plaza Suite 1510 Providence, RI 02903 **Assistant Secretary**

Gerald E. Freeman 119 Hopkins Hill Road West Greenwich, RI 02817

Edward S. Inman, III. Secretary of State Corporations Division 100 North Mun 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

STOP PILAM RIAD INSTRUCTIONS

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FORM MUST BE TYPED OR PRI					
1 Corporate ID No.	2. Name of Corporat				
19675		White Group, Inc.			
3 Street Address Principal Busine			City	State	Zip
111 Plymouth St	reet		Mansfield	MA	02048
4 Business Phone No.		5. State of Incorporation			6 SIC Code
800-283-7500		RHODE ISLAND			2618
7. Brief Description of the Charac					
		ale of floor cover			
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("x" box for attac.	HMENT) XFILL IN SPACES I	BEFORE USING ATTACH	MENTS
President Nume RAYMON	ND T. MANCII	מו ווא	Vice President Name		
	TO I. MIANCII	NI, JK.		AH A. MORROC	CO
Street Address	5 1 6 1:		Street Address		
% One Financial			% One Financia	l Plaza, Suite 15	10
City	State	Ζιρ	City	State	Zip
Providence Secretary Name	RI	02903	Providence Treasurer Name	RI	02903
GERALD E.	FREEMAN		RAYMON	D T. MANCINI,	JR.
% One Financial	Plaza, Suite	1510 Zip	One Financial	Plaza, Suite 151	O Zip
Providence	RI	02903	Providence	RI	02903
9. NAMES AND ADDRE	SSES OF THE DIRE	· · · · ·		S BEFORE USING ATTAC	
Director Name			Director Name		
NO	NE			NONE	
Street Address			Street Address		
City	State	Zep	City	State	Zip
Duector Name			Director Name		
	NONE			NONE	
Street Address			Street Address		
Tity	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED (*x* box for atta	CHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			3,775	Common	\$1

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

	* 1 9 6 7 5 *
File Date:	1.30.03
Check No.:	11593
By:	OV OF STATE LISE ONLY

Under penalty of perjury, I	declare and affirm	that I have examined
this report, including any a	iccompanying sched	Jules and statements, and
that-all-statements contain	ed hørein are true a	nd correct.
(,) ()	_/	11 . 1.5
Samuel &	st reling_	1/29/03
Signature of Officer	7	Date*

SAMUEL J.	KOLODNEY_	
Print or Type Name of Cofficer		

Assistant Secretary
Title of Officer
Form 630 12/02

The Belknap White Group, Inc.

Corporate ID #19675

Additional Officers:

Adeline Mancini One Financial Plaza, Suite 1510 Providence, RI 02903

Assistant Vice President

Robert Spellmeyer
A. Theodore Ware
Paul Castagliuolo
One Financial Plaza, Suite 1510
Providence, R1 02903

Executive Vice President Executive Vice President Executive Vice President

Samuel J. Kolodney One Financial Plaza, Suite 1510 Providence, RI 02903

Edward S. Inman, III, Secretary of State Corporation Dirinon 100 North Main Street, Proxidence, RI 02903-1,335 401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 19675 The Belknap White Group, Inc. 3 Street Address Principal Business Office State 111 Plymouth Street Mansfield MA 02048 4. Business Phone No. 5 State of Incorporation 6 SIC Gode 800-283-7500 RHODE ISLAND 2618 7. Brief Description of the Character of Business Conducted in Rhode Island Distribution and sale of floor coverings 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X XILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name RAYMOND T. MANCINI, JR. DEBORAH A. MORROCCO Street Address c/o One Financial Plaza, Suite 1510 c/o One Financial Plaza, Suite 1510 State. Providence 02903 Providence RΙ 02903 Secretary Name GERALD E. FREEMAN RAYMOND T. MANCINI, JR. Street Address Street Address c/o One Financial Plaza, Suite 1510 c/o One Financial Plaza, Suite 1510 State City Providence RI 02903 Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE NONE Street Address Street Address City State ZipState Zip Director Name Director Name NONE NONE Street Address Street Address Citi State Zip State Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Por Value

8,000 \$1.00 PAR VALUE

FOR SECRETARY OF STATE USE ONLY

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

3.775

Common

\$1

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



Samuel J. Kolodney

As<u>sistant Secretary</u>

Signature of Office

litle of Officer

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

that all tatements contained herein are true and correct.

The Belknap White Group, Inc.

Corporate ID #19675

Additional Officers:

Adeline Mancini One Financial Plaza, Suite 1510 Providence, RI 02903

Robert Spellmeyer
A. Theodore Ware
Paul Castagliuolo
One Financial Plaza, Suite 1510
Providence, RI 02903

Samuel J. Kolodney One Financial Plaza, Suite 1510 Providence, RI 02903 Assistant Vice President

Executive Vice President Executive Vice President Executive Vice President

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

401-222-3040 TOD

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS	
INSTRUCTIONS	

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 19675 The Belknap White Group, Inc. 3. Street Address Principal Business Office State 111 Plymouth Street Mansfield MA 02048 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 800-283-7500 7. Brief Description of the Character of Business Conducted in Rhode Island Distribution and sale of floor coverings 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X XILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name RAYMOND T. MANCINI, JR. DEBORAH A. MORROCCO Street Address % One Financial Plaza, Suite 1510 § One Financial Plaza, Suite 1510 Car **Providence** RI 02903 **Providence** 02903 Secretary Name Treasurer Name GERALD E. FREEMAN RAYMOND T. MANCINI, JR. Street Address § One Financial Plaza, Suite 1510 § One Financial Plaza, Suite 1510 City State City **Providence** R١ 02903 Providence 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE NONE Street Address Street Address City State City Lie State 210 Director Name Director Name NONE NONE Street Address Street Address City State 2.10 City 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 Number of Shares Class/Series Par Value 8,000 \$1.00 PAR VALUE 3,775 Common \$1

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

	* 1 9 6 7 5 *
File Date:	3/26
Check No.:	10650
By	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.

Samuel- J.- Kolodney - -

Signature of Offi**(e**

The Belknap White Group, Inc.

Corporate ID #19675

Additional Officers:

Adeline Mancini One Financial Plaza, Suite 1510 Providence, RI 02903

Assistant Vice President

Samuel J. Kolodney One Financial Plaza, Suite 1510 Providence, RI 02903



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

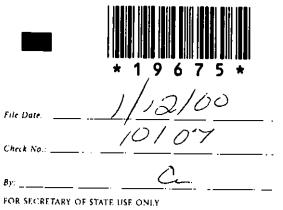
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 Filing Fee: \$50.00

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3. Street Address Principal Busine	ess Office		City	State	Zip
111 Plymou	th Street		Mansfield	MA	02048
F. Business Phone No.		5. State of Incorporation RHODE ISLAND		•	6. SIC Code
800-283-750 Brief Description of the Churac					2618
	n and sale of f				
3. NAMES AND ADDRI	ESSES OF THE OFFIC	CERS ("X" BOX FOR ATTACH	MENT) Y FILL IN SPACES	BEFORE USING ATTACK	IMENTS
restactif feeling			Vice President Name		
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treet Address § 1510 Ran	kBoston Plaza		Street Address	. .	
hty	State	Zip	% 1510 B	ankBoston Plaza	
Providence	RI	02903	Providence	State R1	ZIp
ecretary Name		02303	Treasurer Name	KI	02903
	D E. FREEMAN	l	RAYM	OND T. MANCIN	I. JR.
treet Address	• =		Street Address		,, 2000
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	7186E	Zip	City	State	Zip
frector Name			Director Name		
	NONE			NONE	
rect Address			Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT)	
UTHORIZED SHARES			ISSUED SHARES		
umber of Shares	Glass/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR	VALUE		5,000	Common	\$ I

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

Title of Officer



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 co	orrect.
Samuel Kalvelun	1/10/2000
Signature of Officer De	<u> </u>
Samuel J. Kolodney	_
Print or Type Name of Officer	
Assistant Secretary	

The Belknap White Group, Inc.

Corporate ID #19675

Additional Officers

Raymond T. Mancini, Jr. 1510 BankBoston Plaza Providence, RI 02903

Vice Chairman

Adeline Mancini 1510 BankBoston Plaza Providence, RI 02903

Assistant Vice President

Samuel J. Kolodney 1510 BankBoston Plaza Providence, RI 02903





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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILANERAL INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 19675 The Belknap White Group, Inc. 3. Street Address Principal Business Office City State Zip 119 Plymouth Street Mansfield 02048 MA 4. Business Phone No. 5. State of Incorporation 6 SIC Code **RHODE ISLAND** 2618 800-283-7500 7. Brief Description of the Character of Business Conducted in Rhode Island Distribution and sale of Floor Coverings 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)XXFILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name HARRY D. HOTALING DEBORAH A. MORROCCO Street Address Street Address % 1510 BankBoston Plaza % 1510 BankBoston Plaza City City Mate State 02903 Providence 02903 RI Providence Secretary Name Treasurer Name GERALD E. FREEMAN RAYMOND T. MANCINI, JR. Street Address Street Address 1510 BankBoston Plaza % 1510 BankBoston Plaza City State City State 02903 Providence RI 02903 Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE NONE Street Address Street Address City State Zip City State 210 Director Name Director Name NONE NONE Street Address Street Address City State Zip Cite 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 Number of Shares Class/Series Par Value 8,000 \$1.00 PAR VALUE 5,000 **S**1 Common

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

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	Jeh 5, 99	
File Date:		
Check No	9672	
Ву:	- 20 (V	-
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

SAMUEL J. KOLODNEY
Print or Type Name of Officer

ASSISTANT SECRETARY

The Belknap White Group, Inc. Corporate ID 19675

Additional Officers:

A. Theodore Ware %1510 BankBoston Plaza Providence, RI 02903

Executive Vice President

Robert Spellmeyer %1510 BankBoston Plaza Providence, RI 02903

Executive Vice President

Adeline Mancini %1510 BankBoston Plaza Providence, RI 02903 Assistant Vice President

Samuel J. Kolodney 1510 BankBoston Plaza Providence, RI 02903



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Compres ID No.

²The Belknap White Group, Inc.

3. Street Address Principal Business Office

City

State

111 Plymouth Street 4. Business Phone No.

MA

02048 2618^{de}

800-283-7500

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

Distribution and sale of floor coverings

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

President Name

Vice President Name

Mansfield

ROBERT A. CIAMPI

GERALD E. FREEMAN

Street Address

% 1510 Hospital Trust Tower

City

Secretary Name

Street Address

City

City

City

Providence

RI

02903

DEBORAH A. MORROCCO Street Address

1510 Hospital Trust Tower City

Providence

RI

02903

Treasurer Name

RAYMOND T. MANCINI

Street Address

1510 Hospital Trust Tower

City

RI

State

02903

Zip

Providence RΙ 02903 Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

NONE

Director Name

NONE

Street Address

State

% 1510 Hospital Trust Tower

State

Street Address

700

City

Director Name

NONE

Street Address

NONE

Street Address

State

City

State

Zip

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

AUTHORIZED SHARES

8,000 \$1.00 PAR VALUE

Number of Shares

Class/Series

Par Value

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

Number of Shares

Class/Series

Par Value

5.000

Common

Par \$1

sumps 1 / 1/2/9

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



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

Robert A. Ciampi Print or Type Name of Officer

Title of Officer





The Belknap White Group, Inc.

Corporate ID #19675

Additional Officers

Adeline Mancini Assistant Vice President %1510 Hospital Trust Tower Providence, RI 02903

Samuel J. Kolodney Assistant Secretary 1510 Hospital Trust Tower Providence, RI 02903



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No 19675

AUTHORIZED SHARES

8,000 \$1.00 PAR VALUE

Sumber of Shares

2. Name of Cornoration The Belknap White Group, Inc.

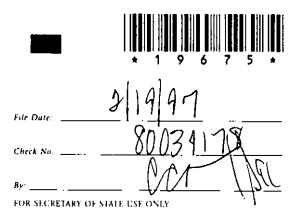
3. Street Address Principal Business Office State 935 Douglas Pike Smithfield ŔΙ 02917 4. Business Phone No RHODE ISLAND 232-1950 7 Brief Description of the Character of Business Conducted in Rhode Island distribution and sale of floor coverings 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Robert A. Ciampi Deborah A. Morrocco Street Address Street Address %1510 Hospital Trust Tower %1510 Hospital Trust Tower City Providence RI 02903 Providence 02903 RI Secretary Name Treasurer Name Gerald E. Freeman Raymond T. Mancini Street Address Street Address %1510 Hospital Trust Tower %1510 Hospital Trust Tower City State Providence 02903 RI Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE NONE Street Address Street Address City State Zip City State Zip Director Name Director Name NONE NONE Street Address Street Address City State Zip City State Zip

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

ISSUED SHARES

Number of Shares

5,000



10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Par Value

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

Class/Series

Common

Par Value

Par \$1

Robert A George 2-10-97

President _____

The Belknap White Group, Inc. Corporate ID No. 19675

Additional Officers

Adeline Mancini Assistant Vice President % 1510 Hospital Trust Tower Providence, RI 02903

Samuel J. Kolodney Assistant Secretary 1510 Hospital Trust Tower Providence, RI 02903

PROFIT CORPORATION ANNWAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street

Providence, Rhode Island (02903-1335 + (401) 277-3040

Filing Period: January 1-Marc	h 1				1 000		Providence
Filing Fee: \$50.00	SEE	ATTACHED	SHEET	FOR	ADDITIONAL	OFF	'ICERS

RPORATE IO NO	2 NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
19675 (reet address pronopal business o		Belknap White Gro	oup, Inc.	STATE	~~ zecoos ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
935 Douglas	Pike		Smithfield	RI	02917
232-1950		5. STATE OF INCORPORATION RHODE IS	SLAND		6 Sc ασε 2618
er description of the character o distribut		esum e of floor co	verings		
DENT NAME	B . H .	MES AND ADDR	ESSES OF THE O		
Robert A. TADORESS \$1510 Hos	pital Trust	Tower	Deborah A. sireei Adoress 1510 Hoss	Morrocco pital Trust To	ower
rovidence	STATE RI	20° CODE 02903	Providence	STATE	27° CODE 02903
TARY HAME Gerald E. TADDRESS	Freeman		Raymond T.	Mancini	
	spital_Trus	t Tower	1	pital Trust_To	ower 129000
rovidence	RI	02903	Providence ESSES OF THE D ORECTOR NAME		02903
ET ADORESS	NONE		ORRECTOR NAME STREET ADORESS	NONE	
····	STATE .	71° C006	ату	STATE	ZIÞ COOE
TOR NAME	NONE		DIRECTOR NAME	NONE	
	STATE	ZIP COOE	any	STATE	ZP C006
	1 0 S	HARES AUTHOR	IZED AND ISSUE	0	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
8,000 \$1.00	PAR VALUE		5,000	Common	Par_\$1
		· · · · · · · · · · · · · · · · · · ·			
Pres	Th sident, Vice Presid	is report must be SIG dent, Secretary, Assis	NED IN INK by either tant Secretary, Treasure	the er, Receiver or Trustee of perjury, I declare and a	
,	1		report, includin	ig any accompanying sche contained herein are true a	dules and statements, a

File Date: 2/73/976
Check No: 80026892
By: CA-(f

For Secretary of State Use Only

Robert A. Ciampi
Print or Type Name of Officer

President

Title of Officer

Signature of Officer

3/6/9.6 Date

The Belknap White Group, Inc. Corporate ID No. 19675

Adeline Mancini Assistant Vice President %1510 Hospital Trust Tower Providence, RI 02903

Samuel J. Kolodney Assistant Secretary 1510 Hospital Trust Tower PRovidence, RI 02903

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence. Rhode Island 02903-1335

401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL 0019675	OR THE	FORM WILL BE I	RETURNED. 1995	
Corporate ID:		Annual Report for th		
The Belkhap Whi	te Gro	UP, INC.	•	
Name of Corporation:				
Business entity organized under the laws of the State of:RI For foreign entity, address and telephone number of principal office:			(check one): rporation (See RIGL Chapter 7-1.1) Service Corporation (See RIGL Chapt	er 7-5.1)
Phone: ()			the character of business conducted in	
Address and telephone of the principal office of business entity in Rho Island (Provide street address - Not P.O. Box): 935 Douglas Pike	ode	covering	tion and sale of fl	
Smithfield, RI 02917				
Phone (401) 232-1950				
THE NAM	AES OF T	HE OFFICERS ARE		· - ·
PRESIDENT	STRFET AD	DDRESS	CHYSTATE	ZIP CODE
Robert A. Ciampi \$1510 Hosp	ital T	Trust Tower	CHYSTATE	2903 ZIP CODE
Adeline Mancini, Asst. Vice President SECRETARY Gerald E. Freeman	STREET AL	Marker	CITY/STATE	7th cons
Samuel J. Kolodney, Asst. Secretary	31 KEE : 74.	70KE33	ti n	ZIP CODE
TREASURER RESERVED	STREET AD	DDRESS	CITY/STÄTE	ZIP CODE
Raymond T. Mancini	11		H H	
	ES OF TI	IE DIRECTORS AR	E:	
NAME.	STREET AD		CITY/STATE	ZIP CODE
NAME	STREET AL	DDRESS	CHYSTATE	Z:P CODF
NAME	STREET AU	DURESS	CTTY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES	S ISSUED AND OUTSTANDING (Rider 1	nay be attached)
Number of Shares Class / Series		Number of Shares	Class / Series	
8,000 Common/Par \$1		5,000	Common/Par \$1	
Date 30	By//	Peter To	President President	
Form 31 - 1/95		TYPE NAME OF OFFICER SIGNIN DEFICER SIGNING	·	
DESIGNATED REGISTS			COF DDOCKS.	
	<u>האי</u> תיזאר	THE SERVICE	OI LUCCESS:	

SAMBEL J. KOLODNEY 1510 HOSPITAL TRUST TOWER PROVIDENCE RI 02903

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED

FEB 8 5 1995

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Filing Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

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State of Rhode Island and Providence Plantations Office of The Secretary of State File Annually LLC, Sept. 1 - Nov. 3 CORP, Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate 1D:	0019675	Annual Report for th	1994
Composate IIV.		*	P White Group, Inc.
Name of Busines	s Entity		
Federal Taxpayer lo	nnized under the laws of the State of R1 dentification Number	Profe	s (check one) ness Corporation (See RIGL Chapter 7-1-1) rssional Service Corporation (See RIGL Chapter 7-5.1) ted Liability Company (See RIGL 7-16)
		communications Samuel J. 1510 Hosp	. Kolodney, Attorney pital Trust Tower
Phone: (3		Prov <u>idenc</u>	ce, RI 02903
Island (Provide stre	one of the principal office of business emity in er address - Not P.O. Boxii: aglas Pike .eld, RI 02917	Bnet statement o	of the character of business conducted in Rhode Island:
		coverin	
Phone (401)	232-1950	Date of Organiza Date of Qualifica	ation9/10/81ation to do business in Rhode Island (if foreign entity)
Adeline Manna Viti	POR BROW TO VERMEND STORADOR AMOUNT ASST VICE Pre ONNOW RESTARY OF THE NAME OF THE PROPERTY OF THE NAME OF THE PROPERTY OF THE TO MANCINE THE PROPERTY OF THE TO MANCINE THE PROPERTY OF	searda tearez # table to search tearez # 26980 GA TODREZ	Tower, Providence, RI 02903 CITY STATE
SAME.		STREET ADDRESS	CITY STATS ZECODE.
NAM:	<u> </u>	STRUET ADDRESS	CIVATATE 707 COSE
NUMBER OF SH	ARFS AUTHORIZED (If Applicable)	NUMBER OF SHA	RES ISSUED AND OUTS <u>TANDING</u> (ILApp.icable)
NUMBER	2,000	NUMBER	100 FEB 9 9 1994
CLASS	Common	CLASS	Common (N 1)
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	Without Par Value	PAR VALUE OR WITHOUT PAR	Without Par Value
Date _=	3 4 i9 <u>94</u>	BRobert	a Ceomps
		Robert A. Cia	
		President mulerencessesse	
form 21 - 194			

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

orporate ID	0019675	- Annual Report for the year 1993
FIRST: The name	e of the corporation is	Belknap Distributors, Inc.
Second: It is inc	corporated under the laws of	Rhode Island
		distribution and sale of floor coveri
FOURTH: If foreig	gn corporation, address of its	orincipal office
FIFTH: Business a	address in Rhode Island * 1	510 Hospital Trust Tower, Providence,
SIXTH: Names an	d addresses of its directors and	d officers: (Attach rider if necessa Address (including number, street, zip code)
	Director	
•••••	Director	
•••••	Director	
Robert A. Cia	mpi President 8	1510 Hospital Trust Tower, Providence, RI 0290
Deborah A. Mo Adeline Manci	rrocco Vice Presid	
Samuel J. Kol	odney Asst. Secretary ncini Treasurer	II .
SEVENTH: Number	r of Shares authorized:	Par Value
No. of Shares	Class	or statement that shares are without
2,000	Common	No Par Value
Eighth: Number of	of Shares issued:	^ FEB 1 7 1983 Par Value
No of Shares	Class	Series or statement that shares are without par value
100	Common	No Par Value
led /= 1513 -		BELKNAP DISTRIBUTORS, Inc. Name of Corporation)

State of Phode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0015775	Annual Report for th	e year
FIRST: The name of	of the corporation is	Belknap_Distr	ibutora. Inc.
SECOND: It is income	rporated under the laws of	Rhode Island	
Тнівтр: Character	of business, briefly stated, is.	distribution and sal	te of floor covering
Fourth: If foreign	corporation, address of its p	rincipal office	
Fifth: Business ad	dress in Rhode Island 15	olo Hospital Trust To	ower, Prov., RI 02903
Name	addresses of its directors and		(Attach rider if necessary) uinber, street, zip code)
	Director		
	Director		
	Director		
		1510 Hospital Trust Tow	er, Prov., RI 02903
Deborah A. Morroc Adeline Mancini	Nest. Vice Preside	ent dent "	
Anna Viti	dney Asst. Secretary		•
Raymond T. Man	cini Treasurer	У "	
Seventh: Number	of Shares authorized: Chair	180008052 CZ	Par Value
No. of Shares	Class		or statement that shares are without
2,000	Common	Series	par value
2,000	Common	6 V 1 D	Without par value
EIGHTH: Number o	of Shares issued:	MAR 2 4 1982	Par Value
No. of Shares	Class	SEC'Y OF STATE	or statement that shares are without par value
100	Common		Without Par Value
Dated / - 3 /	92 10 Bel	knap Distributors, I	nc
	17		11 · •

Title President

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

rporate ID	19675	Annual Report for the year1991		
First: The name of	the corporation is	Belknap Distr	ibutors, Inc.	
SECOND: It is incorp	orated under the laws of	Rhode Island		
THIRD: Character of	business, briefly stated, is	distributionands	saleoffloorcovering	
FOURTH: If foreign (corporation, address of its	principal office		
FIFTH: Business add	ress in Rhode Island % 1	510 Hospital Trust	Tower, Prov., RI 0290	
Name	addresses of its directors ar		(Attach rider if necessary)	
	Director			
	Director Director	•••••••••••••••••••••••••••••••••••••••	•	
eborah A. Morro deline Mancini nna Viti	Secretary Asst. Secr	dente President	st Tower, Prov., RI. 02	
SEVENTH: Number of	of Shares authorized:	0245336	Par Value	
No. of Shares	Class	PAID	or statement that shares are without par value	
.000	Common	JAN 2 5 1991	Without par value	
EIGHTH: Number of	Shares issued:	SEC'Y, OF STATE	Par Value or statement that shares are without	
No of Shares	Class	Series	par value	
100 edJAN = 19	91 19 E	Belknap Distributors (Name of Corporation)	Without par value	
(Report must be si	gned by an officer)	By 10 clust Preside	Cxum/v(

State of Rhode Island and Providence Plantations Corporations division 100 North main street PROVIDENCE, RHODE ISLAND 02903

Corporate ID	3196/5	Annual Report for	or the year 1250	******
FIRST: The name	of the corporation is	Belknap Distri	butors. Inc.	
	rporated under the laws of			
THIRD: Character	of business, briefly stated, i	s distribution and	sale of floor o	covering
Fourth: If foreign	n corporation, address of its	principal office		
FIFTH: Business ac	dress in Rhode Island8	732 Fleet National	Bank Building,	Providence,
SIXTH: Names and	d addresses of its directors a		(Attach ride uding number, street, zip code)	r if necessary)
	Director		•••••••••••••	*******
	Director			

	Director	0 732 81 - 4 8 - 1		
Robert A. Ciar	I resident	% 732 Fleet Bank	Blag., Provider	ice, RI 0290.
Deborah A. Mon Adeline Mancini	vice ries	i <mark>dent</mark> Vice President	11 	
8 mm m 17 d A d				
		retary		
Raymond T. Mai	ncini Treasure			*****
SEVENTH: Numbe	r of Shares authorized:		Par Value or statement the	
No. of Shares	Class	Series PA//	Shares are with par value	out
2,000	Common	SEC'Y. OF STA	ر Without par	value
Егдити: Number	of Shares issued:	, OE. ST.	Par Value or statement to	
No. of Shares	Class	Series	shares are with par value	out
100	Common		Without Par	Value
Dated January 25	. 1 9 90	Belknap Distribu	itors, Inc.	
		By 19 cull	& Juni	
(Report must be	signed by an officer)	Title	ent	***************

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903



Corporate ID	0019675		Annu	al Report for the year	ır1989		
First:	The name of the co	rporation is	ration is Selknap Distributors, Inc.				
Second	: It is incorporated	under the laws of	Rhode Isl	and		······································	
THIRD:	Character of busine	ess, briefly stated, is	distribut	ionandsalee	offloorcove	ering	
				ational Bank B			
Rhode Isl	and 02903		····				
		es of its directors and		Address (including number,	(Attach rider if nec		
***************************************	·	Director				•••••	
• • • • • • • • • • • • • • • • • • • •	······································	Director			••••••	********	
·····		Director	••••••	•••••	••••	********	
Robert A.	Ciampi	President	% 7.3.2Flee	tBankBldg	Providence,	RI 02903	
Deborah A	. Morrocco	Vice Preside	ent	11	•••••		
Samuel J.		Secretary Asst. Secreta Treasurer	ary	11 11			
SEVENTE No. of Sh		es authorized:	Sen	ies	Par Value or statement that shares are without par value		
2,00		Common		en da i	Without Par	Value	
Еіднтн:	Number of Shares	s issued:		FEB 24 1989	Par Value or statement that shares are without		
No. of Sh	ares	Class	Sen	C'Y OF STAT			
100		Common		S. OIAI	Without Par	Value	
DatedF	ebruary 13		BELKNAPDI	ISTRIBUTORSI	.NC		
(R	eport must be signed by	an officer)	By//Told	Prosident	Lungs		

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID. 196	75	Annual Report for th	e year298			
First: The name of	of the corporation is	orporation is Belknop Distributors, Inc.				
SECOND: It is incor	porated under the laws of	Shed	e Island			
		sdistribution.andsa				
		s principal office				
FIFTH: Business add	sland 02903	Pleet National Bank I				
SIXTH: Names and Name	addresses of its directors a		(Attach rider if necessary) umber, street, zip code)			
	Director					
	Director					
······	Director					
Robert Ciampi	President	%732 Fleet Bank Bld	g. Providence, RI			
Deborah A. Morroc	CO Vice Pres	ident				
Anna Viti Samuel J. Kolodne Raymond T. Mancin	y Asst. Secre	etary "				
SEVENTH: Number	of Shares authorized:	Series	Par Value or statement that shares are without			
2000	common	PAID	without par value			
Eighth: Number of	f Shares issufate B 17 19	1	Par Value			
No. of Shares	Class	SECY. OF STATE	or statement that shares are without par value			
100	common	•	without par value			
DatedJanuary2	6 1988.	BELKNAP DISTRIBUTED (Name of Corporation). By Activity	TORS, INC.			
(Report must be si	gned by an officer)	Title President				

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

First: The name of the corpora		KNAF-RIEY	CO. INC.	
	er the laws of	••••••	•••••	
SECOND: It is incorporated under	DI 1110 101 11 0 01	••••••••••	Rhode Island	
THIRD: Character of business, b	riefly stated, is.	dist	ribution and sa	le of floor
covering	***************************************	***************************************		
FOURTH: If foreign corporation,				
FIFTH: Business address in Rhoodence, Rhode Island 0290		2 Fleet	National Bank	Building, Provi-
SIXTH: Names and addresses of Name	its directors and	d officers:	Address (including nu	(Attach rider if necessary) mber, street, zip code)
	Director	••••••	······································	•••••
······································	Director	•••••••		
	Director	•••••		
Robert Ciampi	President	%7.3.2J	EleetBankBldg	I. Proy. RI
Deborah A. Morrocco	Vice Presid	lent	н	
Anna Viti Samuel J. Kolodney Ass Raymond T. Mancini	it. Secréta	ary	ıı	
SEVENTH: Number of Shares au				Par Value
No. of Shares Cla	uss		Series	or statement that shares are without par value
2000 com	mon			without par value
Еіднтн: Number of Shares issue				Par Value or statement that
No. of Shares Cla			Series	par value
100 com	mon de la la			without par value
DatedFebruary2619				_1 ()
		Ву	Toter	I (sump
(Report must be signed by an offi	icer)	Title	President	<u> </u>

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

CORPORATE ID #19675

Annual Report for the year

1986

FIRST: The name of the corporation is Belknap-Rifco, Inc.

SECOND: It is incorporated under the laws of

Rhode Island

THIRD: Character of business, briefly stated, is distribution and sale ____

of floor covering.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this

address) 732 Fleet National Bank Building, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name

Office

Address

Director

Director

Director

Robert Ciampi

President

%732 Fleet National Bank Bldg., Prov., RI

Deborah A. Mancini

Vice President

Anna Viti

Samuel J. Kolodney

No. of Shares

Secretary Asst.

Raymond T. Mancini

. . Treasurer

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

Class

Series

Par Value or statement that shares are without par value

100

common

without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value or statement that shares are without par value

100

common

without par value

Dated:

January 21

BELKNAP-RIFCO, INC.

Title Assistant Secretary

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information, 277-3040

FORM 31 11-82

To be filed annually between

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

#19675

Annual Report for the year

1985

FIRST: The name of the corporation is RHODE ISLAND-FLOOR-COVERING BELKNAP - RIFCO, INC DISTRIBUTORS, INC.

SECOND: It is incorporated under the laws of

Rhode Island

THIRD: Character of business, briefly stated, is distribution and sale of

floor coverings

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island
Business Address - 1202 Jefferson Boulevard, Warwick, RI 02888 Blank reports to - Adler Pollock & Shechan, 2300 Hospital Trust Tower, Providence, RI 02903 Attn: Edward L. Maggiacomo SixTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name

Office

Address

Director

Director

Director

Raymond T. Mancini

President

1202 Jefferson Boulevard, Warwick, RJ

Ann Viti Rigio C. Trofa, Asst. Secretary

Same Same

Ann Viti

Secretary

Same

Raymond T. Mancini .. Treasurer Same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

or statement that shares are without par value

No. of Shares 2,000

Common

Series

No par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value or statement that shares are without par value

100

Common

No Par Value

Dated:

19

DISTRIBUTORS, INC.

(Name of Corporation)-By

Title

(Report must be signed by an officer)

RHODE ISLAND FLOOR COVERING

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact gorporation Division for information, 277-3040

FORM 31 11-82

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

		Annual Report for th	ne year 1984	
FIRST: The	name of the corporation	is RHODE ISLAND	FLOOR COVER	ING
DISTRIBUTORS,	INC.			
SECOND: It	is incorporated under the	e laws of Rhode	Island	
THIRD: Ch	aracter of business, briefly	stated, is distri	bution and s	ale of
floor covering	\$			
Fourth: I	f foreign corporation, ad	dress of its principa	l office N/A	
address) Blank Tower, Sixth: Na	siness address in Rhode I ss Address - 1202 Je reports to - Adler P Providence, RI 0290 mes and addresses of its ddresses must include street at	fferson Bouleva ollock & Sheeha 3 Attn: Edward directors and office	rd, Warwick,	RI 02888
Name	Office		Address	
	Director			b
	Director			
	Director			****
Raymond T. Man	cini President	1202 Jefferso	n Boulevard,	Warwick, RI
Ann Viti	Vice Presid	ent Same		
Ann Viti Biagio C. Trof	a, Asst. Secretary	Same Same		
Raymond T. Man		Same		
SEVENTH:	Number of Shares author	rized:	Par Valu or statement	
No. of Shares	Class	Series	shares are wi par value	ithout
2000	Common		No par v	alue
EIGHTH: N	umber of Shares issued:	Series	Par Valu or statement shares are wi par valu	that ithout
100	2 Common		No par v	alue
Dated:	S •	RHODE ISLAND DISTRIBUTORS (Name of Corporation) By Critle The Property of th	, INC.	ING
		(Report must be	signed by an office	er)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

5.5

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983 RHODE ISLAND FLOOR COVERING FIRST: The name of the corporation is DISTRIBUTORS, INC. SECOND: It is incorporated under the laws of Rhode Island THIRD: Character of business, briefly stated, is distribution and sale of floor coverings FOURTH: If foreign corporation, address of its principal office N/A FIFTH: Business address in Rhode Island (blank reports will be mailed to this Business address - 1202 Jefferson Blvd., Warwick, RI 02888 address)Blank reports - Adler Pollock & Sheehan, 2300 Hospital Trust Tower, Providence, RI 02903 Attn: Edward L. Maggiacomo SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Director Director Director Raymond T. Mancini 1202 Jefferson Blvd., Warwick, RI President Ann Viti Same Vice President Ann Viti Same Ann Viti Secretary Biagio C. Trofa, Asst. Secretary Same Raymond T. Mancini Treasurer (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: Par Value or statement that shares are without par value No. of Shares Class Series No par value 2,000 Common EIGHTH: Number of Shares issued: or statement that shares are without par value No. of Shares Series 100 Common No par value 2 E3RHODE ISLAND FLOOR COVERING DISTRIBU-TORS, INC (Name of Corporation) . (Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information, 277-3040

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE 1982 Annual Report for the year FIRST: The name of the corporation is. RHODE ISLAND FLOOR COVERING DISTRIBUTORS, INC. Rhode Island SECOND: It is incorporated under the laws of ... THIRD: Character of business, briefly stated, is distribution and sale of floor coverings FOURTH: If foreign corporation, address of its principal office N/A FIFTH: Business address in Rhode Island (blank reports will be mailed to this Business address - 1202 Jefferson Blvd., Warwick, RI 02888 ress)

Blank Reports to - Adler Pollock & Sheehan, 2300 Hospital Trust Tower, Providence, RI 02903, Attn: Edward I. Maggiacomo address) SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Office Name Address Director Director Director Raymond T. Mancini 1202 Jefferson Blvd., Warwick, RI President Ann Viti . Vice President Same Ann Viti Secretary Same Biagio C. Trofa, Asst. Secetary Same Raymond T, Mancini Treasurer (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: No. of Shares Series 2,000 Common No par value Par Value or statement that shares are without par value EIGHTH: Number of Shares issued: No. of Shares Class Series 5 100 Common No par value RHODE ISLAND FLOOR COVERING DISTRIBUTORS, Dated: 19 INC. (Name of Corporation)

If the corporation has changed its togistered office and/or its registered agent, Form #9 must be filed. Please contact for paration Division for information. 277-3040

(Report must be signed by an officer)

- 4-

Y 4 1982