



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  
401-222-3090

# 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. <b>19675</b>		2. Name of Corporation <b>The Belknap White Group, Inc.</b>			
3. Street Address Principal Business Office <b>111 Plymouth Street</b>			City <b>Mansfield</b>	State <b>MA</b>	Zip <b>02048</b>
4. Business Phone No. <b>800-283-7500</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>2618</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DISTRIBUTION AND SALE OF FLOOR COVERINGS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>RAYMOND T. MANCINI, JR.</b>			Vice President Name <b>DEBORAH A. MORROCCO</b>		
Street Address <b>c/o One Financial Plaza, Suite 1510</b>			Street Address <b>c/o One Financial Plaza, Suite 1510</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>DEBORAH A. MORROCCO</b>			Treasurer Name <b>RAYMOND T. MANCINI, JR.</b>		
Street Address <b>c/o One Financial Plaza, Suite 1510</b>			Street Address <b>c/o One Financial Plaza, Suite 1510</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 \$1.00 PAR VALUE</b>			<b>3,775</b>	<b>common</b>	<b>Par \$1</b>

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



File Date	<u>1-21-05</u>
Check No	<u>12374</u>
By	<u>SC</u>
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.

Samuel J. Kolodney 1/20/05  
Signature of Officer Date  
**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, RI 02903

Assistant Secretary

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

Assistant Secretary

**FILED**

JAN 21 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

**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 <b>19675</b>		2. Name of Corporation <b>The Belknap White Group, Inc.</b>			
3. Street Address Principal Business Office <b>111 Plymouth Street</b>			City <b>Mansfield</b>	State <b>MA</b>	Zip <b>02048</b>
4. Business Phone No. <b>800-283-7500</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>2618</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DISTRIBUTION AND SALE OF FLOOR COVERINGS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>RAYMOND T. MANCINI, JR.</b>			Vice President Name <b>DEBORAH A. MORROCCO</b>		
Street Address <b>% One Financial Plaza, Suite 1510</b>			Street Address <b>% One Financial Plaza, Suite 1510</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>DEBORAH A. MORROCCO</b>			Treasurer Name <b>RAYMOND T. MANCINI, JR.</b>		
Street Address <b>% One Financial Plaza, Suite 1510</b>			Street Address <b>One Financial Plaza, Suite 1510</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			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
<b>8,000 \$1.00 PAR VALUE</b>			<b>3,775</b>	<b>Common</b>	<b>Par \$1</b>

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 2/6/04  
Check No. 11985  
By: 18.

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

**Samuel J. Kolodney**

Print or Type Name of Officer

**Assistant Secretary**

Title of Officer

2/2/04  
Date

**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

Assistant Secretary



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.

19675

2. Name of Corporation

The Belknap White Group, Inc.

3. Street Address Principal Business Office

111 Plymouth Street

City

Mansfield

State

MA

Zip

02048

4. Business Phone No.

800-283-7500

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

RAYMOND T. MANCINI, JR.

Vice President Name

DEBORAH A. MORROCCO

Street Address

% One Financial Plaza, Suite 1510

Street Address

% One Financial Plaza, Suite 1510

City

State

Zip

City

State

Zip

Providence

RI

02903

Providence

RI

02903

Secretary Name

GERALD E. FREEMAN

Treasurer Name

RAYMOND T. MANCINI, JR.

Street Address

% One Financial Plaza, Suite 1510

Street Address

One Financial Plaza, Suite 1510

City

State

Zip

City

State

Zip

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

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

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



\* 19675 \*

File Date: 1-30-03

Check No.: 11543

By: UP

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: Samuel J. Kolodney Date: 1/29/03

Print or type Name of Officer: SAMUEL J. KOLODNEY

Title of Officer: Assistant Secretary

Form 550 12/92

**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, RI 02903**

**Executive Vice President  
Executive Vice President  
Executive Vice President**

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

**Assistant Secretary**



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. **19675** 2. Name of Corporation **The Belknap White Group, Inc.**

3. Street Address Principal Business Office  
**111 Plymouth Street**

City **Mansfield** State **MA** Zip **02048**  
6. SIC Code **2618**

4. Business Phone No. **800-283-7500** 5. State of Incorporation **RHODE ISLAND**

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~~ FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **RAYMOND T. MANCINI, JR.**  
Street Address **c/o One Financial Plaza, Suite 1510**  
City **Providence** State **RI** Zip **02903**

Vice President Name **DEBORAH A. MORROCCO**  
Street Address **c/o One Financial Plaza, Suite 1510**  
City **Providence** State **RI** Zip **02903**

Secretary Name **GERALD E. FREEMAN**  
Street Address **c/o One Financial Plaza, Suite 1510**  
City **Providence** State **RI** Zip **02903**

Treasurer Name **RAYMOND T. MANCINI, JR.**  
Street Address **c/o One Financial Plaza, Suite 1510**  
City **Providence** State **RI** Zip **02903**

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

Director Name **NONE**  
Street Address  
City State Zip

Director Name **NONE**  
Street Address  
City State Zip

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 **8,000** Class/Series **\$1.00 PAR VALUE** Par Value

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

ISSUED SHARES  
Number of Shares **3,775** Class/Series **Common** Par Value **\$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 2-4-02

Check No. 110602

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] 1/22/02  
Signature of Officer Date

Samuel J. Kolodney  
Print or Type Name of Officer

Assistant Secretary  
Title of Officer

**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, RI 02903**

**Executive Vice President  
Executive Vice President  
Executive Vice President**

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

**Assistant Secretary**





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. **19675** 2. Name of Corporation **The Belknap White Group, Inc.**

3. Street Address Principal Business Office **111 Plymouth Street** City **Mansfield** State **MA** Zip **02048**  
4. Business Phone No. **800-283-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**RAYMOND T. MANCINI, JR.**

Street Address

**% One Financial Plaza, Suite 1510**

City **Providence** State **RI** Zip **02903**

Secretary Name

**GERALD E. FREEMAN**

Street Address

**% One Financial Plaza, Suite 1510**

City **Providence** State **RI** Zip **02903**

Vice President Name

**DEBORAH A. MORROCCO**

Street Address

**% One Financial Plaza, Suite 1510**

City **Providence** State **RI** Zip **02903**

Treasurer Name

**RAYMOND T. MANCINI, JR.**

Street Address

**% One Financial Plaza, Suite 1510**

City **Providence** State **RI** Zip **02903**

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

Director Name

**NONE**

Street Address

City State Zip

Director Name

**NONE**

Street Address

City State Zip

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 **8,000** Class/Series **\$1.00** Par Value **PAR VALUE**

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

ISSUED SHARES

Number of Shares **3,775** Class/Series **Common** Par Value **\$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: 2/26

Check No.: 10650

By: de

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**

Title of Officer

**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

Assistant Secretary



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. **19675** 2. Name of Corporation **The Belknap White Group, Inc.**

3. Street Address Principal Business Office **111 Plymouth Street** City **Mansfield** State **MA** Zip **02048**  
4. Business Phone No. **800-283-7500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>HARRY D. HOTALING</b> Street Address <b>1510 BankBoston Plaza</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>DEBORAH A. MORROCCO</b> Street Address <b>1510 BankBoston Plaza</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
--	---

Secretary Name <b>GERALD E. FREEMAN</b> Street Address <b>1510 BankBoston Plaza</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>RAYMOND T. MANCINI, JR.</b> Street Address <b>1510 BankBoston Plaza</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
--	--

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

Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>State</b> Zip <b>Director Name</b> <b>NONE</b> Street Address <b>NONE</b> City <b>State</b> Zip	Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>State</b> Zip <b>Director Name</b> <b>NONE</b> Street Address <b>NONE</b> City <b>State</b> Zip
---	---

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>5,000</b>	<b>Common</b>	<b>\$1</b>

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: 1/12/00  
Check No.: 10107

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.

Samuel J. Kolbdney 1/10/2000  
Signature of Officer Date

Samuel J. Kolbdney  
Print or Type Name of Officer

Assistant Secretary  
Title of Officer

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

Assistant Secretary



STATE OF RHODE ISLAND  
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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **19875** 2. Name of Corporation **The Belknap White Group, Inc.**

3. Street Address Principal Business Office

**119 Plymouth Street**

4. Business Phone No.

**800-283-7500**

5. State of Incorporation

**RHODE ISLAND**

City

**Mansfield**

State

**MA**

Zip

**02048**

6. SIC Code

**2818**

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

**HARRY D. HOTALING**

Street Address

**% 1510 BankBoston Plaza**

City

**Providence**

State

**RI**

Zip

**02903**

Secretary Name

**GERALD E. FREEMAN**

Street Address

**% 1510 BankBoston Plaza**

City

**Providence**

State

**RI**

Zip

**02903**

Vice President Name

**DEBORAH A. MORROCCO**

Street Address

**% 1510 BankBoston Plaza**

City

**Providence**

State

**RI**

Zip

**02903**

Treasurer Name

**RAYMOND T. MANCINI, JR.**

Street Address

**% 1510 BankBoston Plaza**

City

**Providence**

State

**RI**

Zip

**02903**

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

Director Name

**NONE**

Street Address

City

State

Zip

Director Name

**NONE**

Street Address

City

State

Zip

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

**8,000 \$1.00 PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**5,000**

**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: Feb 5, 99

Check No.: 9672

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.

Samuel J. Kolodney 2/3/99  
Signature of Officer Date

SAMUEL J. KOLODNEY  
Print or Type Name of Officer

ASSISTANT SECRETARY  
Title of Officer

A

The Belknap White Group, Inc.

Corporate ID 19675

Additional Officers:

<u>A. Theodore Ware</u> 1510 BankBoston Plaza Providence, RI 02903	Executive Vice President
--	--------------------------

<u>Robert Spellmeyer</u> 1510 BankBoston Plaza Providence, RI 02903	Executive Vice President
---	--------------------------

<u>Adeline Mancini</u> 1510 BankBoston Plaza Providence, RI 02903	Assistant Vice President
---	--------------------------

<u>Samuel J. Kolodney</u> 1510 BankBoston Plaza Providence, RI 02903	Assistant Secretary
--	---------------------



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  
401-277-3040

1998



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporation ID No. 19875 2. Name of Corporation The Belknap White Group, Inc.

3. Street Address Principal Business Office 111 Plymouth Street City Mansfield State MA Zip 02048  
4. Business Phone No 800-283-7500 5. State of Incorporation RHODE ISLAND 6. SIC Code 2818

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
ROBERT A. CIAMPI	DEBORAH A. MORROCCO
Street Address	Street Address
% 1510 Hospital Trust Tower	% 1510 Hospital Trust Tower
City State Zip	City State Zip
Providence RI 02903	Providence RI 02903
Secretary Name	Treasurer Name
GERALD E. FREEMAN	RAYMOND T. MANCINI
Street Address	Street Address
% 1510 Hospital Trust Tower	% 1510 Hospital Trust Tower
City State Zip	City State Zip
Providence RI 02903	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

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
8,000 \$1.00 PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
5,000 Common Par \$1

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



File Date: 1-27-98  
Check No.: 8004004  
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.

Robert A. Ciampi 1/16/98  
Signature of Officer Date  
Robert A. Ciampi  
Print or Type Name of Officer  
President  
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	





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  
401-277-3040



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** 2. Name of Corporation **The Belknap White Group, Inc.**

3. Street Address Principal Business Office **935 Douglas Pike** City **Smithfield** State **RI** Zip **02917**  
4. Business Phone No. **232-1950** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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)

President Name <b>Robert A. Ciampi</b> Street Address <b>%1510 Hospital Trust Tower</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>Deborah A. Morrocco</b> Street Address <b>%1510 Hospital Trust Tower</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>Gerald E. Freeman</b> Street Address <b>%1510 Hospital Trust Tower</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>Raymond T. Mancini</b> Street Address <b>%1510 Hospital Trust Tower</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

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

Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>NONE</b> Street Address <b>NONE</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>8,000 \$1.00 PAR VALUE</b>	<b>5,000 Common Par \$1</b>

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



File Date: **2/19/97**  
Check No. **80034178**  
By: **CC**  
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

**Robert A. Ciampi** 2-10-97  
Signature of Officer Date  
**Robert A. Ciampi**  
Print or Type Name of Officer  
**President**  
Title of Officer

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 ANNUAL 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-March 1  
Filing Fee: \$50.00

**SEE ATTACHED SHEET FOR ADDITIONAL OFFICERS**  
PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO 19675		2 NAME OF CORPORATION The Belknap White Group, Inc.	
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 935 Douglas Pike		CITY Smithfield	STATE RI
4 BUSINESS PHONE NO 232-1950		5 STATE OF INCORPORATION RHODE ISLAND	6 ZIP CODE 02917
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			
PRESIDENT NAME Robert A. Ciampi		VICE PRESIDENT NAME Deborah A. Morrocco	
STREET ADDRESS 1510 Hospital Trust Tower		STREET ADDRESS 1510 Hospital Trust Tower	
CITY Providence	STATE RI	CITY Providence	STATE RI
SECRETARY NAME Gerald E. Freeman		TREASURER NAME Raymond T. Mancini	
STREET ADDRESS 1510 Hospital Trust Tower		STREET ADDRESS 1510 Hospital Trust Tower	
CITY Providence	STATE RI	CITY Providence	STATE RI

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME NONE		DIRECTOR NAME NONE	
STREET ADDRESS NONE		STREET ADDRESS NONE	
CITY 	STATE 	CITY 	STATE 
DIRECTOR NAME NONE		DIRECTOR NAME NONE	
STREET ADDRESS NONE		STREET ADDRESS NONE	
CITY 	STATE 	CITY 	STATE 

10. SHARES AUTHORIZED AND ISSUED				
AUTHORIZED SHARES			ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	PAR VALUE
8,000	\$1.00 PAR VALUE		5,000	Common Par \$1

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.

*Robert A. Ciampi*  
Signature of Officer

Robert A. Ciampi  
Print or Type Name of Officer

President  
Title of Officer

2/6/96  
Date

File Date:

Check No:

By:

For Secretary of State Use Only

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

**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 OR THE FORM WILL BE RETURNED.**

0019575

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

The Belknap White Group, Inc.

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Brief statement of the character of business conducted in Rhode Island:

distribution and sale of floor  
coverings

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

935 Douglas Pike  
Smithfield, RI 02917

Phone: (401) 232-1950

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>Robert A. Ciampi</u>	<u>1510 Hospital Trust Tower</u>	<u>Providence, RI 02903</u>
VICE PRESIDENT	<u>Deborah A. Morrocco</u>		
	<u>Adeline Mancini, Asst. Vice President</u>		
SECRETARY	<u>Gerald E. Freeman</u>		
	<u>Samuel J. Kolodney, Asst. Secretary</u>		
TREASURER	<u>Raymond T. Mancini</u>		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>8,000</u>	<u>Common/Par \$1</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>5,000</u>	<u>Common/Par \$1</u>

Date Jan 30 19 95

By Robert A. Ciampi  
Robert A. Ciampi, President

PRINT OR TYPE NAME OF OFFICER SIGNING

Form 31 1995

TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

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

SAMUEL J. KOLODNEY  
1510 HOSPITAL TRUST TOWER  
PROVIDENCE RI 02903

**FILED**

FEB 03 1995

By Jan 30

0022300

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
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

File Annually  
LLC: Sept 1 - Nov 1  
CORP Jan 1 - March 1

Corporate ID: 0019675 Annual Report for the year: 1994  
Name of Business Entity: The Balknap White Group, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

935 Douglas Pike  
Smithfield, RI 02917

Phone: (401) 232-1950

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

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

Brief statement of the character of business conducted in Rhode Island:

distribution and sale of floor  
coverings

Date of Organization: 9/10/81

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check one) <u>Robert A. Ciampi</u>	<u>1510 Hospital Trust Tower</u>	<u>Providence, RI</u>	<u>02903</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check one) <u>Deborah A. Morfocco</u>			
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check one) <u>Adeline Mancini, Asst. Vice President</u>			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check one) <u>Anna Viti</u>			
<input checked="" type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check one) <u>Samuel J. Kolodney, Asst. Secretary</u>			
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check one) <u>Raymond T. Mancini</u>			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>2,000</u>	NUMBER	<u>100</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>Without Par Value</u>	PAR VALUE OR WITHOUT PAR	<u>Without Par Value</u>

Date FEB 4 19 94

By Robert A. Ciampi  
Robert A. Ciampi  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1994

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

SAMUEL J. KOLODNEY  
1510 HOSPITAL TRUST TOWER  
PROVIDENCE RI 02903

Filing Fee \$50.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

80013123 MCC

Corporate ID 0019675 Annual Report for the year 1993

FIRST: The name of the corporation is Belknap Distributors, 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 % 1510 Hospital Trust Tower, Providence,  
RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Robert A. Ciampi	President	%1510 Hospital Trust Tower, Providence, RI 02903
Deborah A. Morrocco	Vice President	"
Adeline Mancini	Asst. Vice President	"
Anna Viti	Secretary	"
Samuel J. Kolodney	Asst. Secretary	"
Raymond T. Mancini	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common		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 FEB - 7 1993

BELKNAP DISTRIBUTORS, Inc.  
(Name of Corporation)

By

Robert Ciampi  
President

Filing Fee \$50.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019675 Annual Report for the year 1992

FIRST: The name of the corporation is Belknap Distributors, 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 % 1510 Hospital Trust Tower, Prov., RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
------	--------	--

	Director	
	Director	
	Director	
Robert A. Ciampi	President	% 1510 Hospital Trust Tower, Prov., RI 02903
Deborah A. Morrocco	Vice President	"
Adeline Mancini	Asst. Vice President	"
Anna Viti	Secretary	"
Samuel J. Kolodney	Asst. Secretary	"
Raymond T. Mancini	Treasurer	"

SEVENTH: Number of Shares authorized: CR-#80068052 C2-

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common	<b>PAID</b>	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	<b>SECY OF STATE</b>	Without Par Value

Dated 1-31-92 19 Belknap Distributors, Inc.

(Name of Corporation)  
By Robert A. Ciampi

(Report must be signed by an officer)

Title President



Filing Fee \$50.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019675 Annual Report for the year 1991

FIRST: The name of the corporation is Belknap Distributors, 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 & 1510 Hospital Trust Tower, Prov., RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Robert A. Ciampi President 1510 Hospital Trust Tower, Prov., RI 02903

Deborah A. Morrocco Vice President "

Adeline Mancini Asst. Vice President "

Anna Viti Secretary "

Samuel J. Kolodney Asst. Secretary "

Raymond T. Mancini Treasurer "

SEVENTH: Number of Shares authorized:

No. of Shares

Class

2,000

Common

02#53267

PAID

JAN 25 1991

Par Value  
or statement that  
shares are without  
par value

Without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

100

Common

Par Value  
or statement that  
shares are without  
par value

Without par value

Dated JAN 3 1991 19

Belknap Distributors, Inc.  
(Name of Corporation)

By Robert A. Ciampi

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019575 Annual Report for the year 1990

FIRST: The name of the corporation is Belknap Distributors, 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 % 732 Fleet National Bank Building, Providence,  
RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Robert A. Ciampi President % 732 Fleet Bank Bldg., Providence, RI 0290.

Deborah A. Morrocco Vice President "

Adeline Mancini Assistant Vice President "

Anna Viti Secretary "

Samuel J. Kolodney Asst. Secretary "

Raymond T. Mancini Treasurer "

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

2,000

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 25 19 90

Belknap Distributors, Inc.

(Name of Corporation)

By Robert A. Ciampi

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 0013675 Annual Report for the year 1989FIRST: The name of the corporation is Belknap Distributors, Inc.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: 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 % 732 Fleet National Bank Building, Providence,  
Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

.....	Director	.....
.....	Director	.....
.....	Director	.....

Robert A. Ciampi ..... President % 732 Fleet Bank Bldg., Providence, RI 02903

Deborah A. Morrocco ..... Vice President ".....

Anna Viti ..... Secretary ".....

Samuel J. Kolodney ..... Asst. Secretary ".....

Raymond T. Mancini ..... Treasurer ".....

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

2,000

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 February 13 19 89BELKNAP DISTRIBUTORS, INC.  
(Name of Corporation)By Robert A. CiampiTitle President

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....19475.....

Annual Report for the year.....1988.....

FIRST: The name of the corporation is.....Belknap Distributors, 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 732 Fleet National Bank Building, Provi-  
dence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Robert Ciampi.....President.....732 Fleet Bank Bldg., Providence, RI

Deborah A. Morrocco.....Vice President....."

Anna Viti.....Secretary....."

Samuel J. Kolodney.....Asst. Secretary....."

Raymond T. Mancini.....Treasurer....."

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

2000

common

PAID

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 26.....19 88.

BELKNAP DISTRIBUTORS, INC.

(Name of Corporation)

By

President

(Report must be signed by an officer)

Title

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 19675 Annual Report for the year 1987FIRST: The name of the corporation is BEKNAF-RIFCO, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: 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 732 Fleet National Bank Building, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

.....	Director	.....
.....	Director	.....
.....	Director	.....
Robert Ciampi	President	732 Fleet Bank Bldg., Prov., RI
Deborah A. Morrocco	Vice President	"
Anna Viti	Secretary	"
Samuel J. Kolodney	Asst. Secretary	"
Raymond T. Mancini	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

2000

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 February 26 19 87Belknap-Rifco, Inc.  
(Name of Corporation)

By

President

(Report must be signed by an officer)

Title

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	Secretary	"
Samuel J. Kolodney	Asst.	"
Raymond T. Mancini	Treasurer	"

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	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 1986

BELKNAP-RIFCO, INC.

(Name of Corporation)

By

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

Filing fee: \$15.00

INC - 9/10/81

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

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~~  
~~DISTRIBUTORS, INC.~~ 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 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 & Sheehan, 2300 Hospital Trust  
Tower, Providence, RI 02903 Attn: Edward L. Maggiamo

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, RI
Ann Viti	Vice President	Same
Biagio C. Trofa, Asst. Secretary		Same
Ann Viti	Secretary	Same
Raymond T. Mancini	Treasurer	Same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common	--	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

RHODE ISLAND FLOOR COVERING  
DISTRIBUTORS, INC.

(Name of Corporation)

By *Ann Viti*

Title *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

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**

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Dated:

19

RHODE ISLAND FLOOR COVERING  
DISTRIBUTORS, INC.

(Name of Corporation)

By

Title

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2,000	Common	--	No par value

FEB 2 1983

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	2 --	No par value

Dated: January 27 1983

63 RHODE ISLAND FLOOR COVERING DISTRIBUTORS, INC.  
(Name of Corporation)

BY: *Ann Viti*

Title: Vice President

(Report must be signed by an officer)

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No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	5 -4 82	No par value

Dated: 19 61 RHODE ISLAND FLOOR COVERING DISTRIBUTORS, INC.

(Name of Corporation)

By *Raymond T. Mancini*  
Title *President*

(Report must be signed by an officer)

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MAY 4 1982