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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		ne of the limited liab				
1616179	Franks F	loor Covering,	LLC			
3. State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rho	ode Island		
Rhode Island	Sale, Ins	Sale, Installation and Finishing of all types of flooring materials				
5. Principal office address 303 Jefferson Boulevard			City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS C	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Frank Deluca			Contact Title Member			
Street Address 86 Sayles Avenue			City Pascoag	State RI	Zip 02859	
7. LIST <u>ALL</u> MANAGER: ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY,	, IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	State	Zip	City Manager Name	State	Zıp	
Manager Name	State	Zip		State	Zip	
City Manager Name Street Address City	State	Zip	Manager Name	State	Zip Zip	
Manager Name Street Address	State		Manager Name Street Address			

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	Check No
	By:
}	FOR SECRETARY OF STATE USE ONLY
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Form No. 632 Revised: 01/2012 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 Authorized Person

Date

Frank Deluca

Print or Type Name of Authorized Person