



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 02905-1335
401 222-3640

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. 87385		2. Name of Corporation COMTOIS FLOORING SERVICE, INC.			
3. Street Address Principal Business Office 256 CENTRAL STREET		City MANVILLE		State RI	Zip 02838
4. Business Phone No. 401-769-8973		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND INSTALLATION AND FLOORING MATERIAL.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL COMTOIS			Vice President Name PAULINE COMTOIS		
Street Address 256 CENTRAL STREET			Street Address 256 CENTRAL STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
Secretary Name PAULINE COMTOIS			Treasurer Name PAUL COMTOIS		
Street Address 256 CENTRAL STREET			Street Address 256 CENTRAL STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PAUL COMTOIS			Director Name PAULINE COMTOIS		
Street Address 256 CENTRAL STREET			Street Address 256 CENTRAL STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000 NO PAR VALUE			100	COMMON	NPV
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value

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



File Date	1-30-05
Check No.	2968
By:	2
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 Paul C. Comtois	Date 1/17/05
PAUL COMTOIS	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	



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

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

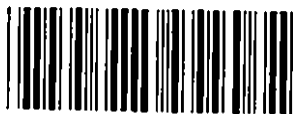
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 87385		2. Name of Corporation COMTOIS FLOORING SERVICE, INC.			
3. Street Address Principal Business Office 256 CENTRAL STREET			City MANVILLE	State RI	Zip 02838
4. Business Phone No. 401-769-8973		5. State of Incorporation RHODE ISLAND			6. SIC Code 414
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND INSTALLATION AND FLOORING MATERIAL.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL COMTOIS			Vice President Name PAULINE COMTOIS		
Street Address 256 CENTRAL STREET			Street Address 256 CENTRAL STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
Secretary Name PAULINE COMTOIS			Treasurer Name PAUL COMTOIS		
Street Address 256 CENTRAL STREET			Street Address 256 CENTRAL STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PAUL COMTOIS			Director Name PAULINE COMTOIS		
Street Address 256 CENTRAL STREET			Street Address 256 CENTRAL STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	COMMON	NPV
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



* 8 7 3 8 5 *

File Date 1-30-04
Check No. 2738
By: ICP
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.

Paul Comtois 1/25/04
Signature of Officer Date
PAUL COMTOIS
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

87385

2. Name of Corporation

COMTOIS FLOORING SERVICE, INC.

3. Street Address Principal Business Office

256 CENTRAL STREET

City

MANVILLE

State

RI

Zip

02838

4. Business Phone No.

401-769-8973

5. State of Incorporation

RHODE ISLAND

6. SIC Code

414

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

INSTALL FLOOR COVERINGS

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

PAUL COMTOIS

Vice President Name

PAULINE COMTOIS

Street Address

256 CENTRAL STREET

Street Address

256 CENTRAL STREET

City

MANVILLE

State

RI

Zip

02838

City

MANVILLE

State

RI

Zip

02838

Secretary Name

PAULINE COMTOIS

Treasurer Name

PAUL COMTOIS

Street Address

256 CENTRAL STREET

Street Address

256 CENTRAL STREET

City

MANVILLE

State

RI

Zip

02838

City

MANVILLE

State

RI

Zip

02838

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

PAUL COMTOIS

Director Name

PAULINE COMTOIS

Address

256 CENTRAL STREET

Street Address

256 CENTRAL STREET

City

MANVILLE

State

RI

Zip

02838

City

MANVILLE

State

RI

Zip

02838

Director Name

Director Name

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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NPV

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



* 8 7 3 8 5 *

Date: 1-27-03

Check No.: 2503

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]

Signature of Officer

PAUL COMTOIS

Date

1/23/03

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 630 12/02



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

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



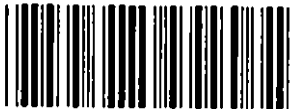
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87385		2. Name of Corporation COMTOIS FLOORING SERVICE, INC.	
3. Street Address Principal Business Office 256 CENTRAL STREET		City MANVILLE	State RI
4. Business Phone No. 401-769-8973		5. State of Incorporation RHODE ISLAND	
6. SIC Code 414		Zip 02838	
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALL FLOOR COVERINGS			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name PAUL COMTOIS		Vice President Name PAULINE COMTOIS	
Street Address 256 CENTRAL STREET		Street Address 256 CENTRAL STREET	
City MANVILLE	State RI	City MANVILLE	State RI
Zip 02838		Zip 02838	
Secretary Name PAULINE COMTOIS		Treasurer Name PAUL COMTOIS	
Street Address 256 CENTRAL STREET		Street Address 256 CENTRAL STREET	
City MANVILLE	State RI	City MANVILLE	State RI
Zip 02838		Zip 02838	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name PAUL COMTOIS		Director Name PAULINE COMTOIS	
Street Address 256 CENTRAL STREET		Street Address 256 CENTRAL STREET	
City MANVILLE	State RI	City MANVILLE	State RI
Zip 02838		Zip 02838	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100	COMMON	NPV	

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



* 8 7 3 8 5 *

File Date: 2-5-02

Check No.: 2286

By: 2

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 Paul Comtois Date 1-28-02

Print or Type Name of Officer PAUL COMTOIS

Title of Officer PRESIDENT



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. **87385** 2. Name of Corporation **COMTOIS FLOORING SERVICE, INC.**
3. Street Address Principal Business Office **256 CENTRAL STREET** City **MANVILLE** State **RI** Zip **02838**
4. Business Phone No. **401-769-8973** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **494**

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

INSTALL FLOOR COVERINGS

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

President Name PAUL COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838	Vice President Name PAULINE COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838
Secretary Name PAUL COMTOIS, PAULINE Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838	Treasurer Name PAUL COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838

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

Director Name PAUL COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838	Director Name PAULINE COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NPV

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



* 8 7 3 8 5 *

File Date: 1/17

Check No.: 2058

By: ac

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 Paul Comtois Date 1/15/01

Print or Type Name of Officer PAUL COMTOIS

Title of Officer PRESIDENT



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.

2. Name of Corporation

87385

COMTOIS FLOORING SERVICE, INC.

3. Street Address Principal Business Office

256 CENTRAL STREET

City

MANVILLE

State

RI

Zip

02838

4. Business Phone No.

401-769-8973

5. State of Incorporation

RHODE ISLAND

6. SIC Code

414

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

INSTALL FLOOR COVERINGS

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

President Name

PAUL COMTOIS

Vice President Name

PAULINE COMTOIS

Street Address

256 CENTRAL STREET

Street Address

256 CENTRAL STREET

City

MANVILLE

State

RI

Zip

02838

City

MANVILLE

State

RI

Zip

02838

Secretary Name

PAULINE COMTOIS

Treasurer Name

PAUL COMTOIS

Street Address

256 CENTRAL STREET

Street Address

256 CENTRAL STREET

City

MANVILLE

State

RI

Zip

02838

City

MANVILLE

State

RI

Zip

02838

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

Director Name

PAUL COMTOIS

Director Name

PAULINE COMTOIS

Street Address

256 CENTRAL STREET

Street Address

256 CENTRAL STREET

City

MANVILLE

State

RI

Zip

02838

City

MANVILLE

State

RI

Zip

02838

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

NPV

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



* 8 7 3 8 5 *

File Date: 2/1/00

Check No.: 1844

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.

Paul Comtois 1-30-2000

Signature of Officer
PAUL COMTOIS

Date

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87385** 2. Name of Corporation **COMTOIS FLOORING SERVICE, INC.**
3. Street Address Principal Business Office **256 CENTRAL STREET** City **MANVILLE** State **RI** Zip **02838**
4. Business Phone No. **401-769-8973** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **414**

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

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

President Name PAUL COMTOIS	Vice President Name PAULINE COMTOIS
Street Address 256 CENTRAL STREET	Street Address 256 CENTRAL STREET
City MANVILLE State RI Zip 02838	City MANVILLE State RI Zip 02838
Secretary Name PAULINE COMTOIS	Treasurer Name PAUL COMTOIS
Street Address 256 CENTRAL STREET	Street Address 256 CENTRAL STREET
City MANVILLE State RI Zip 02838	City MANVILLE State RI Zip 02838

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

Director Name PAUL COMTOIS	Director Name PAULINE COMTOIS
Street Address 256 CENTRAL STREET	Street Address 256 CENTRAL STREET
City MANVILLE State RI Zip 02838	City MANVILLE State RI Zip 02838
Director Name NONE	Director Name NONE
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NPV

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



* 8 7 3 8 5 *

File Date: **Feb 2, 99**

Check No.: **16421**

By: **JD.**

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.

Paul Comtois **1-26-99**
Signature of Officer Date
PAUL COMTOIS

PRESIDENT
Print or Type Name of Officer
Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **87385** 2. Name of Corporation **COMTOIS FLOORING SERVICE, INC.**
3. Street Address Principal Business Office **256 CENTRAL STREET** City **MANVILLE** State **RI** Zip **02838**
4. Business Phone No. **401-769-8973** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**

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

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

President Name PAUL COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838	Vice President Name PAULINE COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838
Secretary Name PAULINE COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838	Treasurer Name PAUL COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838

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

Director Name PAUL COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838	Director Name PAULINE COMTOIS Street Address 256 CENTRAL STREET City MANVILLE State RI Zip 02838
Director Name NONE Street Address City State Zip	Director Name NONE Street Address City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NPV

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



File Date: 1/13/98
Check No.: 144
By: XLD
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 Paul C. Comtois Date 1-11-98
PAUL COMTOIS
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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



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. **87385** 2. Name of Corporation **COMTOIS FLOORING SERVICE, INC.**
3. Street Address Principal Business Office **256 CENTRAL ST.** City **MANVILLE** State **RI** Zip **02838**
4. Business Phone No. **401-769-8973** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0414**

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

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

President Name PAUL COMTOIS Street Address 256 CENTRAL ST. City MANVILLE State RI Zip 02838 Secretary Name PAULINE COMTOIS Street Address 256 CENTRAL ST. City MANVILLE State RI Zip 02838	Vice President Name PAULINE COMTOIS Street Address 256 CENTRAL ST. City MANVILLE State RI Zip 02838 Treasurer Name PAUL COMTOIS Street Address 256 CENTRAL ST. City MANVILLE State RI Zip 02838
---	--

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

Director Name PAUL COMTOIS Street Address 256 CENTRAL ST. City MANVILLE State RI Zip 02838	Director Name PAULINE COMTOIS Street Address 256 CENTRAL ST. City MANVILLE State RI Zip 02838
---	--

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			100	Common	NPV

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



* 8 7 3 8 5 *

File Date: 2/27/97
Check No.: 1248
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.

Paul Comtois 2-26-97
Signature of Officer Date
PAUL COMTOIS
Print or Type Name of Officer
PRESIDENT
Title of Officer