RI SOS Filing Number: 202188898170 Date: 1/29/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED STAMP
JAN 29 2021
BY: 159265

1. Entity ID Number	2. Exact name of the Corporation		
000006577	FLOORS BEAUTIFUL BY DEE, INC.		
3. Principal Office Address	City	State	Zip
489 Reservoir Avenue	Cranston	RI	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
452990	RETAIL SALE OF APPLIANCES AND FURNITURE		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name KATHLEEN GIORGI			Vice-President Name KATHLEEN GIORGI		
Street Address 7 Scaralia Road			Street Address 7 Scaralia Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name KATHLEEN GIORGI			Treasurer Name KATHLEEN GIORGI		
Street Address 7 Scaralia Road			Street Address 7 Scaralia		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100 SHARES	COMMON	NO PAR VALUE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
KATHLEEN GIORGI	1/25/2021

Signature of Authorized Representative

Kathleen A Giorgi

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020