



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
FEB 10 2021
4586

1. Entity ID Number 07598		2. Exact name of the Corporation OAKLAND HARDWOOD FLOORS, INC			
3. Principal Office Address 247 SNEECH POND ROAD		City CUMBERLAND		State RI	Zip 02864
4. NAICS Code 533110		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS AND ACT AS HARD WOOD INSTALLERS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KEVIN VAUDRAIN			Vice-President Name KEVIN VAUDRAIN		
Street Address 125 DEAN AVENUE APT 4313			Street Address 125 DEAN AVENUE APT 4313		
City FRANKLIN		State MA	Zip 02038-1894	City FRANKLIN	
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE			
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME AS ABOVE			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip	State		Zip
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	COMMON	NO PAR
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 KEVIN VAUDRAIN				Date 01/25/21	
Signature of Authorized Representative <i>Kevin Vaudrain</i>					

MAIL TO:
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