

State of Rhode Island and Providence Plantations

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.

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FEB 1 7 2021

4884

Entity ID Number	2. Exact nam	ne of the Corporation	n						
112511	QUALITY	QUALITY HARDWOOD FLOORS, INC.							
3. Principal Office Address			City		State	Zip			
44 Casperson Avenue			North King	stown	RI	02852			
4. NAICS Code	6. Brief desc	ription of the charac	ter of business o	conducted in Rho	de Island				
238330	SALES, INS	SALES, INSTALLATION, FINISH, REFINISH AND RESTORATION OF VARIOUS TYPES OF WOOD							
5. State of Incorporation		FLOORING.							
RHODE ISLAND									
7. List ALL officers (names and	addresses)			Ch	eck the box to it	ndicate an attachment			
President Name Franklin D. Cote			Vice-President Name Franklin D. Cote						
Street Address 44 Casperson Avenue			Street Address 44 Casperson Avenue						
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown State		State RI	^{Zip} 02852			
Secretary Name Franklin D. Cote			Treasurer Name Franklin D. Cote						
Street Address 44 Casperson Avenue		Street Address 44 Casperson Avenue							
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown Sta		State RI	^{Z_{IP}} 02852			
8. List ALL directors (names an	d addresses)			Ch	eck the box to i	ndicate an attachment			
Director Name Franklin D. Cote			Director Name						
Street Address 44 Casperson Avenue			Street Address						
City North Kingstown	State RI	Zip 02852	City Sta		State	Zıp			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filling.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE			
		100		Common		No Par Value			
11. This report must be execute	ed on behalf of the	corporation by an	authorized repres	sentative. If the co	orporation is in t	he hands of a receiver or			
trustee, this report must be exe Under penalty of perjury, I de	clare and affirm	that I have examin	the receiver or tr	rustee. ncluding anv ac	companying s	chedules and			
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									
Franklin D. Cote, President 2 - 9 - 2/									
Signature of Authorized Repres	entative	. ZIGNICO	CHNEW 19295	1).					
		(AL)	MIAA	7					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov