



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

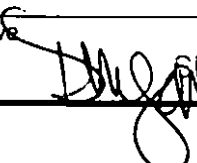
Annual Report for the year: **2021**
Corporation

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

FILED

MAR 05 2021

BY

1. Entity ID Number 8889		2. Exact name of the Corporation McGovern's Floor Covering, Inc.											
3. Principal Office Address 365 Metacom Avenue		City Bristol	State RI	Zip 02809									
4. NAICS Code 53210	6. Brief description of the character of business conducted in Rhode Island Install and distribute carpet materials and associates lines												
5. State of Incorporation Rhode Island													
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>													
President Name David McGovern, Jr.		Vice-President Name David McGovern, Jr.											
Street Address 365 Metacom Avenue		Street Address 365 Metacom Avenue											
City Bristol	State RI	Zip 02809	City Bristol	State RI									
Secretary Name Sarah McGovern		Treasurer Name Sara McGovern											
Street Address 365 Metacom Avenue		Street Address 365 Metacom Avenue											
City Bristol	State RI	Zip 02809	City Bristol	State RI									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>													
Director Name David McGovern, Jr.		Director Name											
Street Address 365 Metacom Avenue		Street Address											
City Bristol	State RI	Zip 02809	City	State									
Director Name		Director Name											
Street Address		Street Address											
City	State	Zip	City	State									
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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">300</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	No Par Value			
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300	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 David McGovern, Jr.		Date 2/26/2021											
Signature of Authorized Representative 		SIGN DOCUMENT HERE											

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