

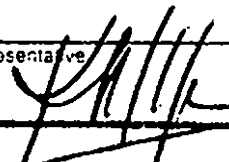


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUSINESS DIV
2021 MAR 29 P 2:58

1. Entity ID Number 122131		2. Exact name of the Corporation FLOOR SYSTEMS, INC.			
3. Principal Office Address 54C Vermont Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE FLOORING SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Kevin Haughey			Vice-President Name Amy Haughey		
Street Address 54C Vermont Avenue			Street Address 54C Vermont Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Kevin Haughey			Treasurer Name Amy Haughey		
Street Address 54C Vermont Avenue			Street Address 54C Vermont Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Kevin Haughey			Director Name Amy Haughey		
Street Address 54C Vermont Avenue			Street Address 54C Vermont Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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		PARTIALS	
100				0	
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 Haughey					Date 2/15/2021
Signature of Authorized Representative 					

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

FILED

FORM 630 - Revised: 10/2017

MAR 29 2021
PARK JE
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