RI SOS Filing Number: 202195447990 Date: 4/2/2021 4:00:00 PM

State of Rhode Island Department of Sta	ivision		1-11	D STAND			
Annual Report for the year: 2021 Corporation			TILED STAMP				
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 				,/ BY	APR 02	2021 55	
1. Entity ID Number 000033358	2. Exact name of the Corporation NEW YORK FLOORING, INC.						
3. Principal Office Address 265 Sayles Avenue			City Providence	<u>-</u> .	State RI	Zíp 02905	
4. NAICS Code 23 Construction 5. State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island Installation of flooring						
7. List ALL officers (names and add	resses) Check the box to indicate an attachment Vice-President Name						
President Name Leigh V. Augustine							
Street Address 265 Sayles Avenue			Street Address				
City Providence	State RI	Zip 02905	City		State	Zıp	
Secretary Name Leigh V. Augustine	Treasurer Name Leigh V. Augustine						
Street Address 265 Sayles Avenue			Street Address 265 Sayles Avenue				
City Providence	State RI	Zip ₀₂₉₀₅	City Providence		State RI	^{Zip} 02905	
8. List ALL directors (names and addresses) Director Name			Check the box to indicate an attachment				
			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip _	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zıp	
9. Shares Authorized		10. Shares Issue			he box to i	ndicate an attachment PAR VALUE	
This information is currently of record in the Department of State.		NUMBER OF SHARES			CLASS/SERIES Common		
Changes require an additional filing.				-		No Par Value	
11. This report must be executed o	n behalf of the co	prporation by an aut	thorized repres	sentative. If the corpora	ation is in i	I the hands of a receiver or	
trustee, this report must be execute Under penalty of perjury, I declar	re and affirm tha	t I have examined	l this report, i	ustee. ncluding any accomp	panying s	chedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Leigh V. Augustine , Preside			313	30/21			
Signature of Authorized Representative							
Justina legs							
MAIL TO							

Division of Business Services

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

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