



State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2020
 Corporation

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

STAMP

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUN -7 P 12:27

1. Entity ID Number 000853568		2. Exact name of the Corporation Fenix Flooring Incorporate			
3. Principal Office Address 519 Providence St		City Warwick		State RI	Zip 02886
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island Flooring Installation			
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 Luis Teodoro Tello Ortiz			Vice-President Name Priscila Estefonia Tello Velaz		
Street Address 519 Providence St			Street Address 519 Providence St		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SER/LS	PAR VALUE	
		100		1.00	
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 Luis Teodoro Tello Ortiz				Date 6-7-2021	
Signature of Authorized Representative 					

FILED

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