



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001668909

2. Name of Corporation Constantin Floors corp

3. Street Address Principal Business Office:

No. and Street: 5 WASHINGTON ST
City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

4. Business Phone No.

4019990199

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

6. Brief Description of the Character of Business Conducted in Rhode Island

REMODELING, GENERAL CONTRACTING SERVICES, REAL ESTATE PROPERTY MANAGEMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CONSTANTIN TABLA	5 WASHINGTON STREET NORTH PROVIDENCE, RI 02904 USA
TREASURER	CONSTANTIN TABLA	5 WASHINGTON STREET

		NORTH PROVIDENCE, RI 02904 USA
SECRETARY	CONSTANTIN TABLA	5 WASHINGTON STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	CONSTANTIN TABLA	5 WASHINGTON STREET NORTH PROVIDENCE, RI 02904 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0100	30,000.00	1000

9. 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.

Signed this 13 Day of August, 2021 at 7:57:10 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CONSTANTIN TABLA
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

August 13, 2021 07:56 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

