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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2021

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		ne of the limited liab			\sim	
1616179	Franks F	loor Covering,	ic (i	MAIN	\mathcal{W}	
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Sale, Ins	Sale, Installation and Finishing of all types of flooring materials				
5. Principal office address 303 Jefferson Boulevard			City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF	FLIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	•	
Contact Name Frank Deluca			Contact Title Member			
Street Address PO Box 427			City Pascoag	State Ri	Zip 02859	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACK	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
					, i	
8. RESIDENT AGENT IN I	RHODE ISLAND				•	
This information is curre	ntly of record in the	e Office of the Seci	retary of State. Changes requir	e filing Form 642.		

FILED

	SEP 1 3 2021 Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No	
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Frank Deluca
TON SCORE IANT OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012