

State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- Filing period February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 02 2023
 BY 80318
 OS

1. Entity ID Number 001682116		2. Exact name of the Corporation COMMERCIAL FLOORING CONCEPTS, INC.			
3. Principal Office Address 350 ADDISON ROAD			City WINDSOR	State CT	Zip 06095
4. NAICS Code 238300		6. Brief description of the character of business conducted in Rhode Island FLOOR COVERING			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HARRY T. ATTIANESE			Vice-President Name		
Street Address 86 PEAK MOUNTAIN DRIVE			Street Address		
City EAST GRANBY	State CT	Zip 06026	City	State	Zip
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 AARON ATTIANESE			Director Name HEATHER POPELLA		
Street Address 119 HIGHLEY ROAD			Street Address 22 HORSESHOE DRIVE		
City WEST GRANBY	State CT	Zip 06090	City EAST GRANBY	State CT	Zip 06026
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/FRIFS	PAR VALUE
		1000		COMMON	1
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 <i>Harry T. Attianese</i>					Date 2/20/23
Signature of Authorized Representative HARRY T. ATTIANESE					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov