



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.

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1. Entity ID Number 000006577		2. Exact name of the Corporation Floors Beautiful by Dee, Inc.	
3. Principal Office Address 489 Reservoir Avenue		City Cranston	State RI
		Zip 02910	
4. NAICS Code 452990	6. Brief description of the character of business conducted in Rhode Island Retail Sales of Appliances and Furniture		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Kathleen Giorgi		Vice-President Name Kathleen Giorgi	
Street Address 7 Scralia Road		Street Address 7 Scralia Road	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
Secretary Name Kathleen Giorgi		Treasurer Name Kathleen Giorgi	
Street Address 7 Scralia Road		Street Address 7 Scralia Road	
City Cranston	State RI	City Cranston	State RI
Zip 02921		Zip 02921	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		100 Shares	Common
			No Par Value
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. <b>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.</b>			
Name of Authorized Representative Kathleen Giorgi		Date 3/1/2023	
Signature of Authorized Representative 			

## MAIL TO:

Division of Business Services

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