



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 08 2023

BY 30559
OS

1. Entity ID Number 000112495		2. Exact name of the Corporation Domenic & Sons Floor Covering, Inc.												
3. Principal Office Address 255 Greenville Avenue			City Johnston	State RI	Zip 02919									
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island Retail sales and installation of floor products												
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 Domenic Fiorio, Jr.			Vice-President Name Kenneth Fiorio											
Street Address 27 Valerie Drive			Street Address 2 Ledgemont Drive											
City West Greenwich	State RI	Zip 02817	City Smithfield	State RI	Zip 02828									
Secretary Name Domenic Fiorio, Jr.			Treasurer Name Kenneth Fiorio											
Street Address 27 Valerie Drive			Street Address 2 Ledgemont Drive											
City West Greenwich	State RI	Zip 02817	City Smithfield	State RI	Zip 02828									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STIFFS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/STIFFS	PAR VALUE	600	Common	No Par Value			
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600	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. 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 Domenic Fiorio, Jr.					Date 03/27/2023									
Signature of Authorized Representative 														