



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 23 2023

BY 12015
DS

1. Entity ID Number 45801		2. Exact name of the Corporation KELLY FLOOR COVERING, INC.			
3. Principal Office Address 644 ARMISTICE BLVD.		City PAWTUCKET		State RI	Zip 02861
4. NAICS Code 238330	6. Brief description of the character of business conducted in Rhode Island SALE & INSTALLATION OF CARPETING, TILE, LINOLEUM AND ANY AND ALL FLOOR COVERING				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALFRED KELLY			Vice-President Name ALFRED KELLY		
Street Address 644 ARMISTICE BLVD.			Street Address 644 ARMISTICE BLVD.		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name ALFRED KELLY			Treasurer Name		
Street Address 644 ARMISTICE BLVD.			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALFRED KELLY			Director Name		
Street Address 644 ARMISTICE BLVD.			Street Address		
City PAWTUCKET	State RI	Zip 02861	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.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 ALFRED KELLY, PRESIDENT					Date 3.7.2023
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023