



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 MAR 31 P 12:03

1. Entity ID Number 159093		2. Exact name of the Corporation Valley Floor Covering, Inc.												
3. Principal Office Address 144 Broad Street			City Cumberland	State RI	Zip 02864									
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island Carpet Seller and Installer												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Marco Almeida			Vice-President Name Rui Almeida											
Street Address 77 Hilltop Road			Street Address 77 Hilltop Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
Secretary Name Marco Almeida			Treasurer Name Fernando Almeida											
Street Address 77 Hilltop Road			Street Address 77 Hilltop Road											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Fernando Almeida			Director Name None											
Street Address 77 Hilltop Road			Street Address											
City Cumberland	State RI	Zip 02864	City	State	Zip									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized														
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	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 Marco Almeida				Date 3/1/23										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 31 2023
BY ML 5942

FORM 630 - Revised: 10/2017