

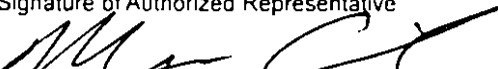


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 STAMP
 DEPT. OF STATE
 3/31/23
 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		
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		
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		
Director Name None			Director Name None			
Street Address			Street Address			
City		State	Zip	City		
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/STRIKES	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. <i>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.</i>						
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