



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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2023 MAY 24 PM 1:06

2023 JAN 17 PM 2:48

1. Entity ID Number 000087598		2. Exact name of the Corporation OAKLAND HARDWOOD FLOORS, INC												
3. Principal Office Address 740 TEN ROD ROAD			City NORTH KINGSTOWN	State RI	Zip 02852									
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS AND TO ACT AS HARDWOOD INSTALLERS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name KEVIN VAUDRAIN			Vice-President Name KEVIN VAUDRAIN											
Street Address 740 TEN ROD ROAD			Street Address 740 TEN ROD ROAD											
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852									
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name KEVIN VAUDRAIN			Director Name											
Street Address 740 TEN ROD ROAD			Street Address											
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS OF SHARES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>400</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS OF SHARES	PAR VALUE	1000	400	NO PAR			
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1000	400	NO PAR												
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 KEVIN VAUDRAIN				Date 01/10/2023										
Signature of Authorized Representative <i>Kevin Vaudrain</i>														

FILED

MAY 24 2023

BY *R. J. XNN*