



State of Rhode Island
Department of State - Business Services Division

STAFIP

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 18 AM 9:30

1. Entity ID Number 001694074		2. Exact name of the Corporation AMERICAN WOOD FLOORING INC	
3. Principal Office Address 5439 GRANICUS ST		City NORTH PORT	State FL
		Zip 32286	
4. NAICS Code 238330	6. Brief description of the character of business conducted in Rhode Island INSTALLATION AND MAINTENANCE OF HARDWOOD FLOORS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ROSARIO VALVERDE		Vice-President Name ROSARIO VALVERDE	
Street Address 5439 GRANICUS ST		Street Address 5439 GRANICUS ST	
City NORTH PORT	State FL	City NORTH PORT	State FL
Zip 32286		Zip 32286	
Secretary Name ROSARIO VALVERDE		Treasurer Name ROSARIO VALVERDE	
Street Address 5439 GRANICUS ST		Street Address 5439 GRANICUS ST	
City NORTH PORT	State FL	City NORTH PORT	State FL
Zip 32286		Zip 32286	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		75 COMMON 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 ROSARIO VALVERDE			Date 09/01/2023
Signature of Authorized Representative 			FILED 934

OCT 18 2023
BY **81354A**