



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2020

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. SERVICES DIV.

1. Entity ID Number 001694074		2. Exact name of the Corporation AMERICAN WOOD FLOORING INC		2023 OCT 18 A 9:30	
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	Zip 32286	City NORTH PORT	State FL	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	Zip 32286	City NORTH PORT	State FL	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 75	CLASS/SERIES COMMON	PAR VALUE 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 10/18/23	
Signature of Authorized Representative 				OCT 18 2023 BY 8B SJA	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov