

State of Rhode Island  
Department of State - Business Services Division

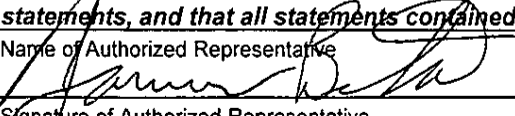
Annual Report for the year: 2023  
Corporation

→ 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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1. Entity ID Number 000789462		2. Exact name of the Corporation EXPERT INSTALLATION FLOORING INC			
3. Principal Office Address 70 OLIVE STREET			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 236200		6. Brief description of the character of business conducted in Rhode Island FLOORING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JAMES BEATON			Vice-President Name		
Street Address 70 OLIVE STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name JAMES BEATON			Treasurer Name JAMES BEATON		
Street Address 70 OLIVE STREET			Street Address 70 OLIVE STREET		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					PAR VALUE 0.01
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. <b>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.</b>					
Name of Authorized Representative 			Date 11/29/23		
Signature of Authorized Representative JAMES BEATON			FILED		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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