



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

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

1. Entity ID Number 001725575		2. Exact name of the Corporation Renaissance Floor Restoration and Construction, Inc.	
3. Principal Office Address 264 Sprague Street		City Portsmouth	State RI
		Zip 02871	
4. NAICS Code 238300	6. Brief description of the character of business conducted in Rhode Island Residential and Commercial hardwood floor restoration and construction.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Steven W Baines		Vice-President Name	
Street Address 264 Sprague Street		Street Address	
City Portsmouth	State RI	Zip 02871	
Secretary Name Steven W Baines		Treasurer Name Steven W Baines	
Street Address 264 Sprague Street		Street Address 264 Sprague Street	
City Portsmouth	State RI	Zip 02871	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Steven W Baines		Director Name	
Street Address 264 Sprague Street		Street Address	
City Portsmouth	State RI	Zip 02871	
Director Name		Director Name	
Street Address		Street Address	
City	State	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. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		10,000	CWP
		\$0.010	
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 John G. Sommer, CPA		FILED 9:49	Date 01/12/2024
Signature of Authorized Representative		JAN 12 2024 949TA	

MAIL TO:

Division of Business Services

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