



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED  
JAN 31 2024  
BY 2928  
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|                                                                                                                                                                                                         |  |                                                                                                                                        |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Entity ID Number<br>000154255                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>EP FLOORS LLC                                                                        |                   |
| 3. NAICS Code<br>238330                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>INSTALLATION OF VARIOUS FLOORING. CARPET, VINYL, RUBBER |                   |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                                        |                   |
| 6. Principal Office Address<br>170 MACARTHUR ROAD                                                                                                                                                       |  | City<br>WOONSOCKET                                                                                                                     | State<br>RI       |
|                                                                                                                                                                                                         |  |                                                                                                                                        | Zip<br>02895      |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                                        |                   |
| Contact Name<br>EDWARD J. PETRUCCI                                                                                                                                                                      |  | Contact Title<br>OWNER                                                                                                                 |                   |
| Street Address<br>170 MACARTHUR ROAD                                                                                                                                                                    |  | City<br>WOONSOCKET                                                                                                                     | State<br>RI       |
|                                                                                                                                                                                                         |  |                                                                                                                                        | Zip<br>02895      |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                                                        |                   |
| 9. 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 Person<br>EDWARD J. PETRUCCI                                                                                                                                                         |  |                                                                                                                                        | Date<br>1/27/2024 |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                                        |                   |

MAIL TO:

Division of Business Services

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