

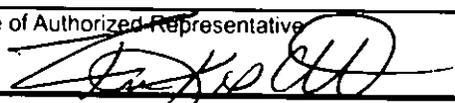


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 112511		2. Exact name of the Corporation Quality Hardwood Floors, Inc.			
3. Principal Office Address 44 Casperson Avenue			City North Kingstown	State RI	Zip 02852
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island Sales, Installation, Finish, Refinish and Restoration of various types of wood flooring.			
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Franklin D. Cote			Vice-President Name Franklin D. Cote		
Street Address 20 Kennedy Road			Street Address 20 Kennedy Road		
City Foster	State RI	Zip 02825	City North Kingstown	State RI	Zip 02825
Secretary Name Franklin D. Cote			Treasurer Name Franklin D. Cote		
Street Address 20 Kennedy Road			Street Address 20 Kennedy Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Franklin D. Cote			Director Name		
Street Address 20 Kennedy Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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/SHARES PAR VALUE		
			100	Common	No Par Value
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 Franklin D. Cote, President				Date 2-21-24	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov