



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.

**FILED**  
**MAR 12 2024**  
BY *[Signature]* 46043

1. Entity ID Number <b>159093</b>		2. Exact name of the Corporation <b>VALLEY FLOOR CARPETING, INC</b>			
3. Principal Office Address <b>144 Broad Street</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>238330</b>		6. Brief description of the character of business conducted in Rhode Island <b>Carpet seller and installer</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) .					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Marco Almeida</b>			Vice-President Name <b>Rui Almeida</b>		
Street Address <b>28 Stella Drive</b>			Street Address <b>144 Broad Street</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>Marco Almeida</b>			Treasurer Name <b>Fernando Almeida</b>		
Street Address <b>28 Stella Drive</b>			Street Address <b>144 Broad Street</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Fernando Almeida</b>			Director Name <b>None</b>		
Street Address <b>144 Broad Street</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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/SERIES	
		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. <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 <b>Marco Almeida</b>				Date <b>2/20/24</b>	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:  
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