



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.

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1. Entity ID Number 598853		2. Exact name of the Corporation APPLIED FLOOR SYSTEMS, INC.			
3. Principal Office Address 47 Bonnet Point road		City Narragansett		State RI	Zip 02882
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A FLOOR SYSTEMS COMPANY AND ANY ALL OTHER LEGAL PURPOSES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Kevin Haughey			Vice-President Name Raymond Hicks		
Street Address 47 Bonnet Point Road			Street Address 780 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Raymond Hicks			Treasurer Name Kevin Haughey		
Street Address 780 Boston Neck Road			Street Address 47 Bonnet Point Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Kevin Haughey			Director Name Raymond Hicks		
Street Address 47 Bonnet Point Road			Street Address 780 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES	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 Kevin Haughey				Date 3/28/2024	
Signature of Authorized Representative 				APR 24 2024 BY 1585	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov