



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.

REC'D RIDOS BSD
21 APR 30 PM 4:05:45

1. Entity ID Number 001740998		2. Exact name of the Corporation Masterpiece Flooring, INC			
3. Principal Office Address 10 MATTAKESETT CIRCLE		City Sharon		State MA	Zip 02067
4. NAICS Code 238330		6. Brief description of the character of business conducted in Rhode Island Flooring sales and installation			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DMITRY VASILETS			Vice-President Name		
Street Address 10 MATTAKESETT CIRCLE			Street Address		
City Sharon	State MA	Zip 02067	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DMITRY VASILETS			Director Name		
Street Address 10 MATTAKESETT CIRCLE			Street Address		
City Sharon	State MA	Zip 02067	City	State	Zip
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 1000	CLASS/SERIES CNP	PAR VALUE \$0.000
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 Dmitry Vasilets					Date 4/29/2024
Signature of Authorized Representative 					

FILED 407
APR 30 2024
BY GTUS9

MAIL TO:
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