



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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
24 APR 30 PM 4:05:52

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 <input type="checkbox"/>														
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 <input type="checkbox"/>														
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		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>\$0.000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	\$0.000			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1000	CNP	\$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 				APR 30 2024 BY QTVS9										

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov