RI SOS Filing Number: 202454656770 Date: 5/17/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division						REC'D		
Annual Report for the year: 2024							7 13	
Corporation . ———————————————————————————————————							į	
→ 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	2. Exact name of the Corporation					) 2:54		
1763304	K & K Flooring Service, Inc.							
3. Principal Office Address City State Zip							Zip	
124 Bucklin Street, #1			Pawtu	cket	R.I.		02861	
4 NAICS Code	6 Brief description	on of the character	of husines	business conducted in Rhode Island				
238330	Restoring Floors							
	Theological Control of the Control o							
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and addresses)  Check the box to indicate an attachmatical form of the control of t							echment 🗆	
President Name Hui Qi Duong				Vice-President Name Sonny Duong				
Street Address 124 Bucklin Streeet, #1			Street Address 124 Bucklin Street, #1					
<sup>City</sup> Pawtucket	State R.I.	<sup>Zıp</sup> 02861	City Paw	rtucket	State	R.I.	<sup>Ζιρ</sup> 02861	
Secretary Name Sonny Duong			Treasurer Name Hui Qi Duong					
Street Address 124 Bucklin Street, #1			Street Address 124 Bucklin Street, #1					
<sup>City</sup> Pawtucket	State R.I.	<sup>7<sub>ip</sub></sup> 02861	<sup>City</sup> Pawtucket			R.I.	<sup>Z<sub>10</sub></sup> 02861	
8 List ALL directors (names and addresses)  Check the box to indicate an attachment  Director Name  Director Name							achment 🔲	
Director Name			TOTIC WATE					
Street Address			Street Address					
City	State	Zip	City		State		Żip	
Director Name	·		Director Name					
Street Address			Street Address					
City	State	Zıp	City		State		Zip	
9 Shares Authorized		10. Shares Issue		Check the b				
This information is currently of record in the Department of State.		NUMBER OF SHARLS		CIASSISFRIES	CIASSISFRIES		No Par	
Changes require an additional filing.								
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				FILED			Date	
Hui Qi Duong					5-14-2024			
Signature of Authorized Representative MAY 1.7 2024								
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov