



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.

24 SEP 30 PM 10:29:35  
CORP 2025 J20

1. Entity ID Number <u>001687092</u>		2. Exact name of the Corporation <u>Qualaquiza flooring Inc</u>	
3. Principal Office Address <u>7 Berclay st</u>		City <u>JOHNSTON</u>	State <u>RI</u>
Zip <u>02919</u>			
4. NAICS Code <u>561740</u>	6. Brief description of the character of business conducted in Rhode Island <u>General carpet &amp; flooring installation service</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Margoth N Calle Coronel</u>		Vice-President Name —	
Street Address <u>7 Berclay st</u>		Street Address —	
City <u>JOHNSTON</u>	State <u>RI</u>	Zip <u>02919</u>	
Secretary Name —		Treasurer Name —	
Street Address —		Street Address —	
City —	State —	Zip —	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>100</u>	PAR VALUE <u>1.00</u>
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 <u>Margoth N Calle Coronel</u>		Date <u>9/30/24</u>	
Signature of Authorized Representative <u>Margoth Calle</u>		<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

SEP 30 2024  
BY RS/EH1  
FORM 6304 R02  
10/3/24