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**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2022  
Corporation

- 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 <u>1676645</u>		2. Exact name of the Corporation <u>JKW Flooring Inc</u>	
3. Principal Office Address <u>539 Pine St</u>		City <u>Central Falls</u>	State <u>RI</u>
		Zip <u>02865</u>	
4. NAICS Code <u>238330</u>	6. Brief description of the character of business conducted in Rhode Island <u>Installation of flooring.</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>Salvador A. Torres ortiz</u>		Vice-President Name	
Street Address <u>235 Killingley St</u>		Street Address	
City <u>Providence RI</u>	State <u>RI</u>	Zip <u>02909</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 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>1</u>	CLASS/SERIES <u>100</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>Salvador A. Torres ortiz</u>		FILED	Date <u>10/07/24</u>
Signature of Authorized Representative 		OCT 07 2024	

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

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