

## State of Rhode Island

## **Department of State - Business Services Division**

	FIELD	-		
12	•			

Annual	Report	for	the year:	202

Corporation

Filing period: February	1 - May 1				JAN 27	2025	<b>N</b>	
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00					ву_ <u>б</u>	337	V	
→ Penalty: Additional \$25.0	00 fee if form is r	not filed by May 31.				_ <del></del>		
Entity ID Number	2. Exact nar	2. Exact name of the Corporation						
000124065	LE'S FL	OOR SERVI	CE INC					
3. Principal Office Address			City		State	e	Zip	
5 HOBSON AVENUE				NSTON	RI		02910	
4. NAICS Code		Brief description of the character of business conducted in Rhode Island						
238330	TO CON	TO CONDUCT AND OPERATE A FLOOR SERVICE BUSINESS. TO					S. TO	
5. State of Incorporation	INCLUD	INCLUDE, BUT NOT LIMITED TO, THE INSTALLING, SANDING, AND						
RI	REFIN	REFINISHING OF WOOD FLOORS.						
7. List ALL officers (names and	addresses)	<u> </u>		Che	ck the box to in	dicate an	attachment 🔲	
President Name YEN VU				Vicc-President Name YEN VU				
Street Address 5 HOBSON AVENUE			Street Add	Street Address 5 HOBSON AVENUE				
CRANSTON	State RI	<sup>Z<sub>1</sub>p</sup> 02910	City CR	CRANSTON			Z <sub>IP</sub> 02910	
Secretary Name YEN VU	· · ·		Treasurer	Treasurer Name YEN VU				
Street Address 5 HOBSON AVENUE			Street Add	Street Address 5 HOBSON AVENUE				
CRANSTON	State RI	<sup>Zip</sup> 02910	City CR	State		Zip 02910		
8. List ALL directors (names and	d addresses)				ck the box to inc	dicate an		
Director Name			Director N	lame				
Street Address	· · · · · · · · · · · · · · · · · · ·	······	Street Add	dress	<u></u>			
City	State	Zıp	City	City		,	Zıp	
Director Name	<u></u>	<u>_</u>	Director N	Director Name			<u></u>	
Street Address			Street Address					
City	State	Zip	City	City			Zıp	
9. Shares Authorized		10. Shares Issu	<u>l</u>			dicate an	attachment 🗖	
This information is currently of record in the			NUMBER OF SHARLS CLASS/SERIE			dicate an	PAR VALUE	
Department of State.		0.00		STK		1		
Changes require an additional fills	ng.					1		
11. This report must be executed	on behalf of the	corporation by an a	uthorized rep	presentative. If th	e corporation is	 s in the ha	ands of a re-	
Under penalty of perjury, I dec	t be executed on lare and affirm:	behalf of the corporation is the corporation is being the corporation in the corporation in the corporation is the corporation in the corporation in the corporation is the corporation in the corporation in the corporation is the corporation in the corporation in the corporation is the corporation in the corporation in the corporation is the corporation in the corporation in the corporation is the corporation in the corporation in the corporation is the corporation in the corporation	ation by the	receiver or truste	ee.			
<u>statements, and that all staten</u>	<u>nents contained</u>	herein are true and	correct.					
Name of Authorized Representative					Date			
YEN VU						<u> 2n</u>	22 - 2021	
Signature of Authorized Represe	entative			· · · · · ·				
V 11/01 /1.							I	

MAIL TO:

**Division of Business Services** 

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

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