RI SOS Filing Number: 202567056050 Date: 3/12/2025 4:00:00 PM



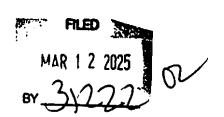
State of Rhode Island

→ Department of State - Business Services Division

Annual Report for the year: 2025

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	2. Exact name of the Corporation						
000112495	Domenic & Sons Floor Covering, Inc.						
3. Principal Office Address			City		State	Zıp	
255 Greenville Avenue		,	Johnst	on	RI	02919	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
238330	Retail sales and installation of floor products						
5. State of Incorporation	retail sales and installation of hoof products						
Rhode Island							
7 List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Domenic Fiorio, Jr.				Vice-President Name Kenneth Fiorio			
Street Address 27 Valerie Drive			Street Address 2 Ledgemont Drive				
City West Greenwich	State RI	^{Z_{ip}} 02817	City Smi		State F	RI 02828	
Domenic Fiorio, Jr.			Treasurer Name Kenneth Fiorio				
Street Address 27 Valerie Drive			Street Address 2 Ledgemont Drive				
	State RI	^{Zip} 02817	^{City} Smithfield		State R	I 02828	
8. List ALL directors (names and ad	dresses)		·····	Check the	box to indica	ate an attachment 🗀	
Director Name				Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name				Director Name			
Street Address			Street Address				
City	State	Z.p	City		State	Zip	
Shares Authorized	L .	10. Shares Issu	Check the box to indicate an attachment				
This information is currently of record in the NUMBER OF							
Department of State.		600		Common		No Par Value	
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 Domenic Fiorio. Jr. Date 3/3/2625							
Signature of Authorized Representative							
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MAIL TO:

Division of Business Services

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

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