



State of Rhode Island  
Department of State - Business Services Division

FILED

APR 11 2025

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.

CBN BY 0480 STATE

1. Entity ID Number <u>001754999</u>		2. Exact name of the Corporation <u>AST Flooring INC</u>			
3. Principal Office Address <u>98 Eastwood Ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>
4. NAICS Code <u>238330</u>		6. Brief description of the character of business conducted in Rhode Island <u>Flooring Installation</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>Dina Arias</u>			Vice-President Name		
Street Address <u>98 Eastwood Ave</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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>100</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>None</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.					
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 <u>Dina Arias</u>				Date <u>4/7/25</u>	
Signature of Authorized Representative <u>Dina Arias</u>					

## MAIL TO:

Division of Business Services

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