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State of Rhode Island
Department of State - Business Services Division

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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		
598853	APPLIED FLOOR SYSTEMS, INC.		
3. Principal Office Address	City	State	Zip
47 Bonnet Point road	Narragansett	RI	02882
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238110	TO OPERATE A FLOOR SYSTEMS COMPANY AND ANY ALL OTHER LEGAL PURPOSES		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Kevin Haughey	47 Bonnet Point Road	Narragansett	RI	02882

Vice-President Name	Street Address	City	State	Zip
Raymond Hicks	780 Boston Neck Road	Narragansett	RI	02882

Secretary Name	Street Address	City	State	Zip
Raymond Hicks	780 Boston Neck Road	Narragansett	RI	02882

Treasurer Name	Street Address	City	State	Zip
Kevin Haughey	47 Bonnet Point Road	Narragansett	RI	02882

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Kevin Haughey	47 Bonnet Point Road	Narragansett	RI	02882

Director Name	Street Address	City	State	Zip
Raymond Hicks	780 Boston Neck Road	Narragansett	RI	02882

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		0.01

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		Date
Kevin Haughey	FILED	2/28/2025
Signature of Authorized Representative	APR 15 2025	
	BY 19223	

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

FORM 630- Revised. 12/2023