RI SOS Filing Number: 202570774200 Date: 4/15/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division Annual Report for the year: Corporation Filing period: February 1 - May 1 Filing Fee: \$50.00					REC'D RIDOS BSD '25 APR 15 AM9:32: AA		
Penalty: Additional \$25.00 fee if form is not filed by May 31.				-		28	
1. Entity ID Number 122131		2. Exact name of the Corporation STLOOR SYSTEMS, INC.					
3. Principal Office Address							
54C Vermont Avenue			Warwig	rk	RI	Z _{ip} 02888	
4. NAICS Code	6 Brief descript	ion of the charact				102000	
238330	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE FLOORING SERVICES						
5. State of Incorporation							
7. List ALL officers (names and addresses) Check the box to indicate an attachment						n attachment	
President Name Kevin Haughey			Vice-Presid	Vice-President Name Amy Haughey			
Street Address 54C Vermont Avenue			Street Addr	Street Address 54C Vermont Avenue			
^{City} Warwick	State RI	^{Zıp} 02888	City Wan	wick	State RI	^{Zip} 02888	
Secretary Name Kevin Haughey			Treasurer N	Treasurer Name Amy Haughey			
Street Address 54C Vermont Avenue			Street Addr	Street Address 54C Vermont Avenue			
^{City} Warwick	State RI	^{Z_{IP}} 02888	City Warwick		State RI	Zip 02888	
8. List ALL directors (names and addresses) Check the box to indicate an attachmen						n attachment 🔲	
Director Name Kevin Haughey]	Amy Haughey			
Street Address 54C Vermont Avenue			Street Addr	Street Address 54C Vermont Avenue			
City Warwick	State RI	^{Zip} 02888	City Warwick		State RI	^{Zip} 02888	
Director Name		Director Name					
Street Address			Street Addr	Street Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu		Check the b	ox to indicate a	n attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SFRIFS	CLASS/SFRIFS .PAR VALUE		
		100			1 0		
44 71		<u> </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					Date		
Kevin Haughey Signature of Authorized Represer	tative #				121	12025	
FILED							
MAIL TO:				ADD 15	0005		

Division of Business Services

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

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

RM 630- Revised 12/2023