

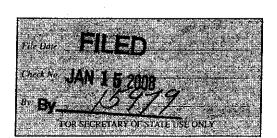
A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222,3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 · March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cGd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 8527	2 Name of Com Rhode Isla	2. Name of Comporation. Rhode Island Tile Distributors, Inc.				
3. Street Address Principal Business Office 55 INDUSTRIAL ROAD			Chy CRANSTON	State RI	<i>Χφ</i> 02920	
4. Business Phone No. 5. State of Incorpor RHODE ISL						
6. Brief Description of the Chara WHOLESALE TILE AN	cter of Business Conduc D FLOOR COVER	ted in Rhode Island ING DISTRIBUTOR				
OU SOUTH CONTRACTOR OF THE CON	SES OF THE OFFI	CERS: ("X" BOX FOR	<i>attachment</i> ). 🗀 fūl in	SPACES BEFORE USING	ATTACHMENTS	
President Name Joseph P. Galli			Vice President Name			
Street Address 55 Industrial Road			Street Address			
<i>Cuy</i> Cranston	State RI	<i>Ζψ</i> 02920	City	State	Zφ	
Secretary Name Joseph P. Galli			Treasurer Name Joseph P. Galli			
Street Address 55 Industrial Road			Street Address 55 Industrial Road			
Cranston	State RI	Zip 02920	<i>City</i> Cranston	State RI	Ζφ 02920	
8. NAMES AND ADDRESS Director Name	es of the direc	TORS. (*X* BOX FO)	RATTACHMENT) FILES.  Director Name	SPACES BEFORE USIN	igatīachments 🚅 🎎	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Ziφ	City	State	Zψ	
P. SHARES AUTHORIZED	CXT BOX FOR A	DEACHMENTO ( 25)	Section from the formation of the section of the se	(* X* BOX FOR ATTACL CTION <u>MUST</u> BE COMPLETED	(WeXT) 🗌 🚃	
AUTHORIZED SHARES  Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value	
600 COMM NO PAR VALUE			80	Common	No Par	
			THIS SEC	TION MUST BE CC	3 S 5 3 3 3 3 5 7 6 5 7 6 5 7 6 5 7 6 5 7 6 5 7 6 5 7 6 5 7 6 5 7 6 5 7 6 7 6	
This report must be execute	d on behalf of the	corporation by an author	orized representative. If the co	ornoration is in the hands	of a receiver or trustee	

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 including any accompanying schedules and sta	•
contained herein are true and correct.	dements, and that an scatements
mach 1. Balli	1/10/08
Aspeature	Dat <b>f</b> [
Joseph P. Galli Print or Type Name	
President	
Title	