

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 2009

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 failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

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1. Corporate ID No. 35533	2. Name of Corporation American Tile & Marble co., Inc.				
3. Street Address Principal Business Office 3 Wenscott Lane			North Providence	State RI	Zip 02904
4. Business Phone No. 401-353-3026 5. State of Incorporation Rhode Island					
6. Brief Description of the Characte Ceramic tile installation co	ompany			· .	·
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Vincent Ricci			CHMENT) TILL IN SPA Vice President Name Vincent T Ricci	ACES BEFORE USING	G ATTACHMENTS
Street Address 3 Wenscott Lane			Street Address 35 Andover Street		
North Providence	State RI	^{Zip} 02904	North Providence	State RI	^{Zip} 02904
Secretary Name Maria D Ricci			Treasurer Name Vincent Ricci		
Street Address 3 Wenscott Lane			Street Address 3 Wenscott Lane		
North Providence	State RI	^{Zip} 02904	North Providence	State RI	Zip 02904
Vincent Ricci	S OF THE DIRE	ECTORS: ("X" BOX FOR ATT	"ACHMENT) THE IN SE Director Name Vincent T Ricci	PACES BEFORE USIN	NG ATTACHMENTS
3 Wenscott Lane			Street Address 35 Andover Street		
City	State	Zip	City	State	Zip
North Providence Director Name Maria D Ricci	RI		North Providence Director Name	RI	02904
Street Address 3 Wenscott Lane			Street Address		
ा _ए North Providence	State RI	^{Zip} 02904	City	State	Zip
SHARES AUTHORIZED	•		10. SHARES ISSUED (*. ISSUED SHARES — THIS SECTION		
This information is currentl	y of record in th	e Office of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			50	comm	no par value

FILED	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.			
File Date	Vuin (airi 2/9/09			
Check No. By \255	Signature Date			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name			
THE SECOND STATE SECOND	Tale			