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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., 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

** 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. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
136115	NEWPORT TILE & MARBLE, INC.

3. Street Address Principal Business Office	City	State	Zip
1151 AQUIDNECK AVENUE	MIDDLETOWN	RI	02842-

4. Business Phone No.	5. State of Incorporation
4018469911	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO SELL, DEAL IN AND INSTALL TILE AND MARBLE

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
THOMAS J. LAFERRIERE	FRANCINE LAFERRIERE
Street Address: 1151 AQUIDNECK AVENUE	Street Address: 1151 AQUIDNECK AVENUE
City: MIDDLETOWN, State: RI, Zip: 02842	City: MIDDLETOWN, State: RI, Zip: 02842
Secretary Name	**Treasurer Name**
FRANCINE J. LAFERRIERE	THOMAS J. LAFERRIERE
Street Address: 1151 AQUIDNECK AVENUE	Street Address: 1151 AQUIDNECK AVENUE
City: MIDDLETOWN, State: RI, Zip: 02842	City: MIDDLETOWN, State: RI, Zip: 02842

8. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
THOMAS J. LAFERRIERE	FRANCINE LAFERRIERE
Street Address: 1151 AQUIDNECK AVENUE	Street Address: 1151 AQUIDNECK AVENUE
City: MIDDLETOWN, State: RI, Zip: 02842	City: MIDDLETOWN, State: RI, Zip: 02842
Director Name	**Director Name**
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR

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

[redacted] 1 3 6 1 1 5

FILED
*136115
File Date MAR 02 2009
Check No. By 40341
By:
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30816-7-353686

[redacted]

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.

Thomas J. Laferriere 2/26/09
Signature of Officer *Date*

Thomas J. Laferriere
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/05