



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
115 W. Broadway
Providence, Rhode Island 02903
(401) 271-3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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 filing or refusing to file its annual report within forty (40) days after the time provided by law shall be liable to a penalty fee of \$25.00.

1. State ID No. 523679		2. Name of Corporation BRIEN TILE CO. INC.			
3. Street Address, P.O. Box, or Post Office 61 NORTH MAIN STREET			4. City SMITHFIELD	5. State RI	6. Zip 02896
7. Director's Phone No. 401-692-6392		8. State of Incorporation RHODE ISLAND			
9. Brief Description of the Character of Business conducted in Rhode Island: TILE INSTALLATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JASON BRIEN			Vice President Name		
Street Address 61 NORTH MAIN STREET			Street Address		
City SMITHFIELD	State RI	Zip 02896	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of shares 100	Class/series COMMON	Par value .01

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.

FILED

File Date: JAN 24 2012
 Check No.: 345
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

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.
 Signature: [Signature] Date: 1-22-12
 JASON BRIEN
 Print or Type Name
 PRESIDENT
 Title