

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 2012

Filling 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. 7-1.2-1501(e0d)) is

subject to a penalty fee of \$25.00.			and report within the 1907 day	s ujur use nime presersoca by ma	(101.0.L. /-1.2-1)01(tOa)/ B
1. Corporate ID No. 53791	2. Name of Corporation Quality Tile, Inc				
3. Street Address Principal Business Office 69 Aster Street			City West Warwick	State Rhode Island	<i>z<sub>ip</sub></i> 02893
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Installation of tile, marble, st	of Business Conducted in oneware, etc. coun	Rhode Island ter tops and flooring			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name William F. Place			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  William F. Place		
Street Address 69 Aster Street			Street Address 69 Aster Street		
City West Warwick	State Rhode Island	<sup>Ζψ</sup> 02893	City West Warwick	State Rhode Island	<sup>Zip</sup> 02893
Secretary Name William F. Place			Treasurer Name Wililam F. Place		
Street Address 69 Aster Street			Street Address 69 Aster Street		
City West Warwick	State Rhode Island	<i>Ζφ</i> 02893	City West Warwick	State Rhode Island	<sup>Zip</sup> 02893
8. NAMES AND ADDRESSES Director Name William F. Place	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT)   FILL IN Director Name	SPACES BEFORE USING	2
Street Address 69 Aster Street			Street Address		N
City West Warwick	State Rhode Island	<i>Ζφ</i> <b>02893</b>	City	State	<i>Zip</i>
Director Name	f==+==================================	***************************************			o.o
Street Address			Street Address		<u> </u>
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	ı	•		("X" BOX FOR ATTACHE TION MUST BE COMPLETED	MENT) 🗌
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.			Number of Shares	Class/Series	Par Value
			200	Common	No Par
This report must be executed this report must be executed of				orporation is in the hands	of a receiver or trustee,

File Date	FILED
Check No.	JAN 26 2012
By: BY FOR S	TUIG 39

Under penalty of perjury, I declare and aff	
including any accompanying schedules are contained herein are true and correct.	displacements, and that an statements
Signature	Date
William F, Place	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08