



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

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

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. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2418		2. Name of Corporation M. BILLO TILE CO., INC.		
3. Street Address Principal Business Office 10 DODGE ST.		City NORTH PROV	State R.I.	Zip 02904
4. Business Phone No. 401-723-0270		5. State of Incorporation R.I.		
6. Brief Description of the Character of Business Conducted in Rhode Island TILE, MARBLE + GRANITE INSTALLATIONS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ANTHONY BILLO		Vice President Name ANN BILLO		
Street Address 12 DODGE ST.		Street Address 12 DODGE ST.		
City NORTH PROV.	State R.I.	Zip 02904	City NORTH PROV	State R.I.
Secretary Name ANN BILLO		Treasurer Name ANTHONY BILLO		
Street Address 12 DODGE ST.		Street Address 12 DODGE ST.		
City NORTH PROV.	State R.I.	Zip 02904	City NORTH PROV.	State R.I.
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name LISA PUGA		Director Name SHERRI BILLO		
Street Address 7 ROBERTA ST.		Street Address 12 DODGE ST.		
City NORTH PROV.	State R.I.	Zip 02904	City NORTH PROV	State R.I.
Director Name GINA BILLO		Director Name		
Street Address 12 DODGE ST.		Street Address		
City NORTH PROV	State R.I.	Zip 02904	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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 100	Class/Series	Par Value 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.

FILED

File Date	APR 02 2012
Check No.	8050
By:	
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 **Anthony Billo** Date **3/29/12**
Print or Type Name **ANTHONY BILLO**
Title **PRESIDENT**