



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 5222		2. Exact name of the Corporation CREST TILE AND MARBLE CO., INC.			
3. Principal office address 1136 LONSDALE AVE		City CENTRAL FALLS	State RI	Zip 02863	
4. Business Phone No. 401-723-9774		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE LESSOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MATILDA D. FORTUNATI			Vice-President Name ROBIN YOUNG		
Street Address 17 SIMPSON AVE			Street Address 17 SIMPSON AVE		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
Secretary Name ROBIN YOUNG			Treasurer Name BERNARD BENOIT		
Street Address 17 SIMPSON AVE			Street Address 247 WEST WRENTHAM RD		
City ATTLEBORO	State MA	Zip 02703	City CUMBERLAND	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MATILDA D. FORTUNATI			Director Name BERNARD BENOIT		
Street Address 17 SIMPSON AVE			Street Address 247 WEST WRENTHAM RD		
City ATTLEBORO	State MA	Zip 02703	City CUMBERLAND	State RI	Zip 02864
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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.

File Date _____

Check No _____

By: _____

FILED

FEB 01 2013

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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.

Matilda Fortunati 1-29-2012
 Signature of Authorized Representative Date

MATILDA FORTUNATI
 Print or Type Name of Authorized Representative

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