

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 2014

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.

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1. Entity ID No.		2. Exact name of the Corporation M & B TILE CO., INC.				
65336		. ILL 00., INO.				
Principal office address Matthew Court			City Bristol	State RI	Zip 02809	
4. Business Phone No. 401-253-5026			5. State of Incorporation Rhode Island			
6. Brief description of the Installation of tile		s conducted in Rhode Islan or coverings	d			
7. LIST ALL OFFICERS	S (NAMES AND ADDE	RESSES) ("X" BOX FOR A	TTACHMENT)			
President Name Michael R. Borges			Vice-President Name Elizabeth A. Borges			
Street Address 2 Matthew Court			Street Address 2 Matthew Court			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
Secretary Name Elizabeth A. Borges			Treasurer Name Michael R. Borges			
Street Address 2 Matthew Court			Street Address 2 Matthew Court			
City Bristol	State RI	Zip 02809	City State RI		Zip 02809	
	RS (NAMES AND ADD	PRESSES) ("X" BOX FOR				
Director Name Michael R. Borges			Director Name Elizabeth A. Borges			
Street Address 2 Matthew Court			Street Address 2 Matthew Cour	rt .		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
Director Name	· ···		Director Name			
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZ	ED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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 value	
This report must be exe		corporation by an authorize			s of a receiver or trustee,	
	ans report ma	st be eFILED behalf of	Under penalty of pe	erjury, I declare and affi	rm that I have examined	
Shork No. MAR 1 4 2014			this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check No		3570	Oighature of Authori	Zad Parvacentalius	3-1-1	
-			Michael R. Bo	•	Date	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Representative			
orm No 630			minit or Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012