RI SOS Filing Number: 201447409630 Date: 10/09/2014 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

**In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company		
144367	Screencraft Tileworks, LLC		
3. State of Formation: Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island: Production and sale of decorative tiles		
5. Principal office address: 35 Corliss Street	City: Providence	State: RI	Zip: 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY			
Contact Name: George R. Champagne	Contact Title: Member		
Street Address: 35 Corliss Street	City: Providence	State: RI	Zip: 02904
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF MANAGER-MANAGED, OR EACH MEMBER IF MEMBER-MANAGED.			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	City / State / Zip		
8. RESIDENT AGENT IN RHODE ISLAND			

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11

FILED

OCT 0 9 2014

BY 3564

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

George R. Champagne 9/8/14

Signature of Authorized Person *Date*

[redacted]

George R. Champagne, Member

Print or Type Name of Authorized Person

File Date _____

Check No. _____

By _____

FOR SECRETARY OF STATE USE ONLY

111838-23-994152

Form 632 Rev. 08/08