



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 2015

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. 10384		2. Exact name of the Corporation TILE CRAFT, INC.			
3. Principal office address 13 OLD TOWER HILL ROAD, STE. 1		City WAKEFIELD	State RI	Zip 02879	
4. Business Phone No. 789-0217		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SALE OF TILES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name RICHARD GUGLIELMO			Vice-President Name		
Street Address 1305A KINGSTOWN ROAD			Street Address		
City PEACE DALE	State RI	Zip 02879	City	State	Zip
Secretary Name RICHARD GUGLIELMO			Treasurer Name RICHARD GUGLIELMO		
Street Address 1305A KINGSTOWN ROAD			Street Address 1305A KINGSTOWN ROAD		
City PEACE DALE	State RI	Zip 02879	City PEACE DALE	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name RICHARD GUGLIELMO			Director Name		
Street Address 1305A KINGSTOWN ROAD			Street Address		
City PEACE DALE	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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
			1000	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:

FOR SECRETARY OF STATE USE BY

FILED

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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.

Signature of Authorized Representative

Date

RICHARD GUGLIELMO

Print or Type Name of Authorized Representative