



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. 78732		2. Exact name of the Corporation BEL-AIR TILE COMPANY, INC.						
3. Principal office address 91 CUMBERLAND STREET		City PROVIDENCE	State RI	Zip 02908				
4. Business Phone No. (401) 521-7811		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island TILE AND MARBLE INSTALLATION								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name VINCENZO J. DIAMANTE			Vice-President Name ETTORE DIAMANTE					
Street Address 91 CUMBERLAND STREET			Street Address 91 CUMBERLAND STREET					
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908			
Secretary Name MICHAEL D. DIAMANTE, CPA			Treasurer Name ETTORE DIAMANTE					
Street Address 91 CUMBERLAND STREET			Street Address 91 CUMBERLAND STREET					
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name VINCENZO J. DIAMANTE			Director Name ETTORE DIAMANTE					
Street Address 91 CUMBERLAND STREET			Street Address 91 CUMBERLAND STREET					
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908			
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
						200	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 ONLY

FILED

FEB 17 2015

BY _____

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.

Vincenzo J. Diamante 2/6/15
Signature of Authorized Representative Date

Vincenzo J. Diamante
Print or Type Name of Authorized Representative