



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

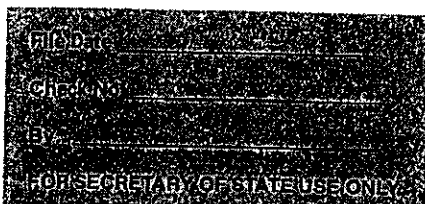
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. <b>21838</b>		2. Exact name of the Corporation <b>Roman Tile Company, Inc.</b>		
3. Principal office address <b>3708 Pawtucket Avenue</b>		City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
4. Business Phone No. <b>401-437-1111</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Sale and installation.</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
President Name <b>Paul G. Rocchio</b>		Vice-President Name <b>None</b>		
Street Address <b>81 Blackstone Boulevard</b>		Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State
Secretary Name <b>Wendy McGrath</b>		Treasurer Name <b>Paul G. Rocchio</b>		
Street Address <b>61 Notre Dame Avenue</b>		Street Address <b>81 Blackstone Boulevard</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Providence</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" 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
24		Common		No Par Value

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.



Form No. 630  
Revised: 01/2012

FILED  
FEB 24 2016

By 268532  
KCM

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

**Paul G. Rocchio, President**

Print or Type Name of Authorized Representative