

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. 000160142		2. Exact name of the Corporation UNIVERSAL CERAMIC TILE DIST. INC.			
3. Principal office address 155 SOUTH MAIN STREET, SUITE 301			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 860-525-3644			5. State of Incorporation CT		
6. Brief description of the character of business conducted in Rhode Island SALES OF TILE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name VINCENT FAIENZA			Vice-President Name JOSEPH FAIENZA STMT 1		
Street Address 183 COLES ROAD			Street Address 16 CIDER HILL DRIVE		
City CROMWELL	State CT	Zip 06416	City CROMWELL	State CT	Zip 06416
Secretary Name ANTHONY FAIENZA, JR.			Treasurer Name ANTHONY FAIENZA		
Street Address 301 MURPHY ROAD			Street Address 301 MURPHY ROAD		
City HARTFORD	State CT	Zip 06114	City HARTFORD	State CT	Zip 06114
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ANTHONY FAIENZA			Director Name		
Street Address 23 CREST DRIVE			Street Address		
City CROMWELL	State CT	Zip 06416	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) <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
			3,000	COMMON	0

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

MAR 17 2016

BY KL 12001

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]
 Signature of Authorized Representative

3/7/16
 Date

VINCENT FAIENZA
 Print or Type Name of Authorized Representative