State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 JAN 19 PM 2:2

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
53791	**QUALITY TILE, INC.**		
3. Principal Office Address	City	State	Zip
69 Aster Street	**West Warwick**	**RI**	**02893**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
44-45 - Retail Trade	**Installation of tile, marble, stoneware, etc., counter tops and flooring**		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **William F. Place**			Vice-President Name **William F. Place**		
Street Address **69 Aster Street**			Street Address **69 Aster Street**		
City **West Warwick**	State **RI**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**
Secretary Name **William F. Place**			Treasurer Name **William F. Place**		
Street Address **69 Aster Street**			Street Address **69 Aster Street**		
City **West Warwick**	State **RI**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **William F. Place**			Director Name		
Street Address **69 Aster Street**			Street Address		
City **West Warwick**	State **RI**	Zip **02893**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**200**	**Common**	**No Par**

11. 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.

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.

Name of Authorized Representative	Date
William F. Place	1-11-17
Signature of Authorized Representative	
William F. Place	JAN 19 2017

FILED

BY CR293563

MAIL TO:
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