



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 65336		2. Exact name of the Corporation M & B Tile Co., Inc.			
3. Principal Office Address 60 Pavillion Avenue			City Rumford	State RI	Zip 02916
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Installation of tile and/or other floor coverings				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael R. Borges			Vice-President Name Elizabeth A. Borges		
Street Address 60 Pavilion Avenue			Street Address 60 Pavilion Avenue		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Elizabeth A. Borges			Treasurer Name Michael R. Borges		
Street Address 60 Pavilion Avenue			Street Address 60 Pavilion Avenue		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael R. Borges			Director Name		
Street Address 60 Pavilion Avenue			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Director Name Michael R. Borges			Director Name		
Street Address 60 Pavilion Avenue			Street Address		
City Rumford	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE No Par Value
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 Michael R. Borges				Date 2-25-17	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 06 2017

BY **6965**

FORM 630 - Revised: 10/2016