



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 164855		2. Exact name of the Corporation Saccoccio Tile & Marble, Inc.			
3. Principal Office Address 2220 Plainfield Pike, Unit R4			City Cranston	State RI	Zip 02921
4. NAICS Code 81 - Other Services (except Pt)		6. Brief description of the character of business conducted in Rhode Island Tile and marble sales, service and installation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christine Hobbs			Vice-President Name Robert Saccoccio		
Street Address 2220 Plainfield Pike, Unit R4			Street Address 2220 Plainfield Pike, Unit R4		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Robert Saccoccio			Treasurer Name Christine Hobbs		
Street Address 2220 Plainfield Pike, Unit R4			Street Address 2220 Plainfield Pike, Unit R4		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			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 Christine Hobbs				Date 3-1-17	
Signature of Authorized Representative <i>Christine Hobbs</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

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