



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017 AMENDED Corporation

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

RECEIVED
STATE
BUSINESS SERVICES DIVISION
2017 JUN -7 AM 10:40

1. Entity ID Number 1657045		2. Exact name of the Corporation INNOVATIVE TILE & STONE CORP												
3. Principal Office Address 551 ROUTE 25A			City SAINT JAMES		State NY									
			Zip 11780-1404											
4. Business Phone Number: 631-676-4222		6. Brief description of the character of business conducted in Rhode Island PROPERTY INSPECTIONS												
5. State of Incorporation NEW YORK														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name WILLIAM GARRECHT			Vice-President Name											
Street Address 21 PATRICIA LANE			Street Address											
City LAKE GROVE	State NY	Zip 11755	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name WILLIAM GARRECHT			Director Name											
Street Address 21 PATRICIA LANE			Street Address											
City LAKE GROVE	State NY	Zip 11755	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>50</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	50			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	COMMON	50												
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 WILLIAM GARRECHT				Date 6/5/17										
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

SIGN DOCUMENT HERE

FILED

JUN 07 2017

BY *[Signature]*

FORM 630 - Revised: 08/2016



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

June 07, 2017 10:40 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

