



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.

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STATE  
BUSINESS STAMP  
2017 JUN -7 AM 10:40

1. Entity ID Number <b>1657045</b>		2. Exact name of the Corporation <b>INNOVATIVE TILE &amp; STONE CORP</b>			
3. Principal Office Address <b>551 ROUTE 25A</b>		City <b>SAINT JAMES</b>		State <b>NY</b>	Zip <b>11780-1404</b>
4. Business Phone Number: <b>631-676-4222</b>		6. Brief description of the character of business conducted in Rhode Island <b>PROPERTY INSPECTIONS</b>			
5. State of Incorporation <b>NEW YORK</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WILLIAM GARRECHT</b>			Vice-President Name		
Street Address <b>21 PATRICIA LANE</b>			Street Address		
City <b>LAKE GROVE</b>	State <b>NY</b>	Zip <b>11755</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>WILLIAM GARRECHT</b>			Director Name		
Street Address <b>21 PATRICIA LANE</b>			Street Address		
City <b>LAKE GROVE</b>	State <b>NY</b>	Zip <b>11755</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIES		
		<b>100</b>	<b>COMMON</b>	<b>50</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>WILLIAM GARRECHT</b>				Date <b>6/5/17</b>	
Signature of Authorized Representative 					

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**

**10:40 JUN 07 2017**

BY

FORM 630 - Revised: 08/2016