



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.

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1. Entity ID Number <b>929189</b>		2. Exact name of the Corporation <b>TROIKA STONE &amp; SURFACES, INC.</b>				
3. Principal Office Address <b>969 Broadway</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	
4. NAICS Code <b>238340</b>		6. Brief description of the character of business conducted in Rhode Island <b>Fabrication of stone &amp; tile</b>				
5. State of Incorporation <b>Florida</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Keith Authelet</b>			Vice-President Name			
Street Address <b>969 Broadway</b>			Street Address			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip	
Secretary Name <b>Keith Authelet</b>			Treasurer Name <b>Keith Authelet</b>			
Street Address <b>969 Broadway</b>			Street Address <b>969 Broadway</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			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				
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		100				0.00
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>Keith Authelet</b>					Date <b>8-31-17</b>	
<b>FILED</b>						
<b>SEP 05 2017</b>						

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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