



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: 2018
Corporation

STATE

→ 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 238340		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"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	Common	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 2-18-18									
Signature of Authorized Representative 														
SIGN DOCUMENT HERE														

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

FEB 26 2018

3050