



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**

STATE

## 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 <b>65336</b>		2. Exact name of the Corporation <b>M &amp; B Tile Co., Inc.</b>			
3. Principal Office Address <b>60 Pavilion Avenue</b>		City <b>Rumford</b>		State <b>RI</b>	Zip <b>02916</b>
4. NAICS Code <b>238340</b>		6. Brief description of the character of business conducted in Rhode Island <b>installation of tile and/or other floor coverings</b>			
5. State of Incorporation <b>Rhode Island</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>Michael R. Borges</b>			Vice-President Name <b>Elizabeth A. Borges</b>		
Street Address <b>60 Pavilion Avenue</b>			Street Address <b>60 Pavilion Avenue</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Secretary Name <b>Elizabeth A. Borges</b>			Treasurer Name <b>Michael R. Borges</b>		
Street Address <b>60 Pavilion Avenue</b>			Street Address <b>60 Pavilion Avenue</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
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>Michael R. Borges</b>			Director Name		
Street Address <b>60 Pavilion Avenue</b>			Street Address		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City	State	Zip
Director Name <b>Michael R. Borges</b>			Director Name		
Street Address <b>60 Pavilion Avenue</b>			Street Address		
City <b>Rumford</b>	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		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>200</b>		<b>Common</b>		<b>No Par Value</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>Michael R. Borges</b>					Date <b>2-18-18</b>
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

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FORM 630 - Revised: 10/2016