RI SOS Filing Number: 201880033700 Date: 10/22/2018 4:00:00 PM

| State of Rhode Island and Providence Plantations  Department of State - Business Services Division |  |  |  |
|--|--|--|--|
| Annual Report for the year: 2018 Limited Liability Company   |  |  |  |
| → Filing period: September 1 - November 1  |  |  |  |

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|  |   |              |                |                      | <del></del>          |  |
|--|---|--------------|----------------|----------------------|----------------------|--|
| Entity ID Number   | 2. Exact name of the Limited Liability Company                              |              |                |                      |                      |  |
| 767359   | A&E TILING SERVICE CLC  |              |                |                      |                      |  |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |              |                |                      |                      |  |
| 238340   | INSTALLATION AND REPAIR OF CURAMIC,   |              |                |                      |                      |  |
| 5. State of Formation  | PORCELAIN, AND NATURAL STONE TILE.  |              |                |                      |                      |  |
| RHODE ISLAND TILE CONTRACTOR   |   |              |                |                      |                      |  |
| 6. Principal Office Address  |   |              | City           | State                | Zip                  |  |
| 5 CHESTER AVE  |   |              | BKISTUL        | RI                   | <i>૭</i> ઙળ          |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |              |                |                      |                      |  |
|  | MUL J. WHEELEK  |              |                | Contact Title  OWNEX |                      |  |
| Street Address CAESTER   | AVE   |              | City BRISOUL   | State                | <sup>Zip</sup> 07809 |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |   |              |                |                      |                      |  |
| Manager Name   | <del></del>   | Manager Name |                |                      |                      |  |
| Street Address   |   |              | Street Address |                      |                      |  |
| City   | State   | Zip          | City           | State                | Zip                  |  |
| Manager Name   |   |              | Manager Name   |                      |                      |  |
| Street Address   |   |              | Street Address |                      |                      |  |
| City   | State   | Zip          | City           | State                | Zip                  |  |
| Check the box to indicate an attachment  |   |              |                |                      |                      |  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require fling Form 642.   |   |              |                |                      |                      |  |
| 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 Person  PHUL J. WHEELEYL  |   |              |                | Date 10/20/18        |                      |  |
| Signature of Authorized Person  Signature of Authorized Person |   |              |                |                      |                      |  |
|  |   |              |                |                      |                      |  |

## MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

