



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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 8527		2. Exact name of the Corporation Rhode Island Tile Distributors, Inc.												
3. Principal Office Address 55 Industrial Road		City 55 Industrial Road		State RI	Zip 02920									
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island WHOLESALE TILE AND FLOOR COVERING DISTRIBUTOR												
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 Joseph P. Galli		Vice-President Name												
Street Address 55 Industrial Road		Street Address												
City Cranston	State RI	Zip 02920	City	State	Zip									
Secretary Name Joseph P. Galli		Treasurer Name Joseph P. Galli												
Street Address 55 Industrial Road		Street Address 55 Industrial Road												
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
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 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>80</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	80	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
80	Common	No Par												
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 Joseph P. Galli				Date 12/31/18										
Signature of Authorized Representative <i>Joseph P. Galli</i>				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

JAN 29 2019

BY

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