



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATE DIVISION

2019 FEB 14 AM 9:54

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 000021838		2. Exact name of the Corporation Roman Tile Company, Inc.			
3. Principal Office Address 3708 Pawtucket Avenue		City Riverside		State RI	Zip 02915
4. NAICS Code 238340		6. Brief description of the character of business conducted in Rhode Island Sale and Installation.			
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 Paul G. Rocchio			Vice-President Name George Rocchio		
Street Address 81 Blackstone Boulevard			Street Address 13 Sherman Avenue		
City Providence	State RI	Zip 02906	City North Providence	State RI	Zip 02911
Secretary Name Wendy McGrath			Treasurer Name Paul G. Rocchio		
Street Address 61 Notre Dame Avenue			Street Address 81 Blackstone Boulevard		
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02906
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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			24		Common
					PAR VALUE
					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 Paul G. Rocchio, President					Date 2/14/2019
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

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BY Ch Ch 35643

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017