



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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2020 FEB 26 A 10:15

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- 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 53791		2. Exact name of the Corporation QUALITY TILE, INC.												
3. Principal Office Address 69 Aster Street			City West Warwick	State RI	Zip 02893									
4. NAICS Code 238340		6. Brief description of the character of business conducted in Rhode Island Installation of tile, marble, stoneware, etc., counter tops and flooring												
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 William F. Place			Vice-President Name William F. Place											
Street Address 69 Aster Street			Street Address 69 Aster Street											
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893									
Secretary Name William F. Place			Treasurer Name William F. Place											
Street Address 69 Aster Street			Street Address 69 Aster Street											
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name William F. Place			Director Name											
Street Address 69 Aster Street			Street Address											
City West Warwick	State RI	Zip 02893	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<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</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par			
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200	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 William F. Place					Date 1-13-2020									
Signature of Authorized Representative <i>William F. Place</i>					SIGN DOCUMENT HERE FILED									

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Is and 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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