RI SOS Filing Number: 202193559000 Date: 3/3/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

MAR 03 2021
BY 1529

1. Entity ID Number	2. Exact name of the Corporation
78732	BEL-AIR TILE COMPANY, INC

3. Principal Office Address	City	State	Zip
91 CUMBERLAND STREET	PROVIDENCE	RI	02908

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238340	TILE AND MARBLE INSTALLATION
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: VINCENZO J. DIAMANTE			Vice-President Name: NONE		
Street Address: 91 CUMBERLAND STREET			Street Address:		
City: PROVIDENCE	State: RI	Zip: 02908	City:	State:	Zip:
Secretary Name: MICHAEL D. DIAMANTE, CPA			Treasurer Name: VINCENZO J. DIAMANTE		
Street Address: 91 CUMBERLAND STREET			Street Address: 91 CUMBERLAND STREET		
City: PROVIDENCE	State: RI	Zip: 02908	City: PROVIDENCE	State: RI	Zip: 02908

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: VINCENZO J. DIAMANTE			Director Name:		
Street Address: 91 CUMBERLAND STREET			Street Address:		
City: PROVIDENCE	State: RI	Zip: 02908	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
VINCENZO J. DIAMANTE	2/19/2021

Signature of Authorized Representative: Vincenzo J Diamante

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

FORM 630 - Revised: 08/2020