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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 10 2021
BY 24088

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.

1. Entity ID Number	2. Exact name of the Corporation			
000160142	UNIVERSAL CERAMIC TILE DIST. INC.			
3. Principal Office Address		City	State	Zip
155 SOUTH MAIN STREET, SUITE 301		PROVIDENCE	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
424990				
5. State of Incorporation				
CT	SALES OF TILE			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment [X] STMT 1

President Name	Street Address	City	State	Zip
VINCENT FAIENZA	98 COOPER LANE	STAFFORD SPRING	CT	06076

Vice-President Name	Street Address	City	State	Zip
JOSEPH FAIENZA	16 CIDER HILL DRIVE	CROMWELL	CT	06416

Secretary Name	Street Address	City	State	Zip
ANTHONY FAIENZA, JR.	301 MURPHY ROAD	HARTFORD	CT	06114

Treasurer Name	Street Address	City	State	Zip
ANTHONY FAIENZA	301 MURPHY ROAD	HARTFORD	CT	06114

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

Director Name	Street Address	City	State	Zip
ANTHONY FAIENZA	23 CREST DRIVE	CROMWELL	CT	06416

Director Name	Street Address	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
3000 Authorized	COMMON	-0-

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 2/9/21

Signature of Authorized Representative
VINCENT FAIENZA

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