



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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 BUS SVCS DIV

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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 000121942		2. Exact name of the Corporation Top of the Line Fabricators, Inc.			
3. Principal Office Address 417 Brown Street, #50		City South Attleboro		State MA	Zip 02703
4. NAICS Code 327911		6. Brief description of the character of business conducted in Rhode Island Ownership and operation of a countertop fabrication and installation business.			
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 Timothy O'Neill			Vice-President Name Benjamin O'Neill		
Street Address 417 Brown Street, #50			Street Address 417 Brown Street, #50		
City South Attleboro	State MA	Zip 02703	City South Attleboro	State MA	Zip 02703
Secretary Name Timothy O'Neill			Treasurer Name Timothy O'Neill		
Street Address 417 Brown Street, #50			Street Address 417 Brown Street, #50		
City South Attleboro	State MA	Zip 02703	City South Attleboro	State MA	Zip 02703
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			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.			NUMBER OF SHARES		CLASS/STRIKES
			50		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 Timothy O'Neill, President					Date
Signature of Authorized Representative <i>Timothy O'Neill</i>					

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

MAR 30 2021
 BY *[Signature]* KE3T 6
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