

State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

MAR 07 2023
 223 *Dr*

- Filing period: February 1 - May 1
- Filing Fee: \$50 00
- Penalty: Additional \$25 00 fee if form is not filed by May 31.

1 Entity ID Number 001733244		2 Exact name of the Corporation TILES PLUS INC			
3. Principal Office Address 71 EARLE ST			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 236110		6 Brief description of the character of business conducted in Rhode Island FLOORING			
5. State of Incorporation RI					
7 List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name JACEK PIKUL			Vice-President Name JACEK PIKUL		
Street Address 71 EARLE STREET			Street Address 71 EARLE STREET		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name			Treasurer Name JACEK PIKUL		
Street Address			Street Address 71 EARLE STREET		
City	State	Zip	City	State	Zip
CENTRAL FALLS	RI	02863	CENTRAL FALLS	RI	02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name JACEK PIKUL			Director Name		
Street Address 71 EARLE STREET			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	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 100	CLASS/SERIES CNP	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 <i>Jacek Pikul</i>					Date 02/26/2023
Signature of Authorized Representative JACEK PIKUL					

MAIL TO:
 Division of Business Services
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