



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <b>53791</b>		2. Exact name of the Corporation <b>QUALITY TILE, INC.</b>												
3. Principal Office Address <b>69 Aster Street</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>									
4. NAICS Code <b>238340</b>		6. Brief description of the character of business conducted in Rhode Island <b>Installation of tile, marble, stoneware, etc. counter tops and flooring</b>												
5. State of Incorporation <b>Rhode Island</b>														
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>William F. Place</b>			Vice-President Name <b>William F. Place</b>											
Street Address <b>69 Aster Street</b>			Street Address <b>69 Aster Street</b>											
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>									
Secretary Name <b>William F. Place</b>			Treasurer Name <b>William F. Place</b>											
Street Address <b>69 Aster Street</b>			Street Address <b>69 Aster Street</b>											
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>									
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>William F. Place</b>			Director Name											
Street Address <b>69 Aster Street</b>			Street Address											
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;"><b>200</b></td> <td style="text-align: center;"><b>Common</b></td> <td style="text-align: center;"><b>No Par</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>Common</b>	<b>No Par</b>			
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<b>200</b>	<b>Common</b>	<b>No Par</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>William F. Place</b>					Date <b>2-1-23</b>									
Signature of Authorized Representative <i>William F. Place</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