



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAR 20 2023
 16133 *al*

- 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 53791		2. Exact name of the Corporation QUALITY TILE, INC.			
3. Principal Office Address 69 Aster Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 238340		6. Brief description of the character of business conducted in Rhode Island Installation of tile, marble, stoneware, etc. counter tops and flooring			
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 William F. Place			Vice-President Name William F. Place		
Street Address 69 Aster Street			Street Address 69 Aster Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name William F. Place			Treasurer Name William F. Place		
Street Address 69 Aster Street			Street Address 69 Aster Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William F. Place			Director Name		
Street Address 69 Aster Street			Street Address		
City West Warwick	State RI	Zip 02893	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/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 William F. Place					Date 2-1-23
Signature of Authorized Representative <i>William F. Place</i>					

MAIL TO:
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 Website: www.sos.ri.gov