



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 AUG -3 A 11:51

1. Entity ID Number 000084919		2. Exact name of the Corporation CER-MAR INC			
3. Principal Office Address 202 READ SCHOOL HOUSE ROAD			City COVENTRY	State RI	Zip 02816
4. NAICS Code 272321		6. Brief description of the character of business conducted in Rhode Island SALES AND INSTALLATION OF TILES, CERAMIC TILES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NIKOLAOS TSIGARIDAS			Vice-President Name PATRICE TSIGARIDAS		
Street Address 202 READ SCHOOL HOUSE ROAD			Street Address 202 READ SCHOOL HOUSE ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name NIKOLAOS TSIGARIDAS			Treasurer Name PATRICE TSIGARIDAS		
Street Address 202 READ SCHOOL HOUSE ROAD			Street Address 202 READ SCHOOL HOUSE ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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/SERIES		
			PAR VALUE		
			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 Patrice Tsigaridas					Date
Signature of Authorized Representative <i>Patrice Tsigaridas</i>					

FILED

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

AUG 03 2023
BY *91200BV*

A.A. 12:03pm

FORM 630 - Revised: 2/2023