State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation		
000164855	Saccoccio Tile & Marble, Inc.		
3. Principal Office Address	City	State	Zip
2220 Plainfield Pike, Unit R4	Cranston	RI	02921
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238340	Tile and marble sales, service and installation		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Christine Hobbs			Vice-President Name: Robert Saccoccio		
Street Address: 2220 Plainfield Pike, Unit 4R			Street Address: 2220 Plainfield Pike, Unit 4R		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: Robert Saccoccio			Treasurer Name: Christine Hobbs		
Street Address: 2220 Plainfield Pike, Unit 4R			Street Address: 2220 Plainfield Pike, Unit 4R		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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: Christine Hobbs — Date: 3-14-2024

Signature of Authorized Representative: Christine Hobbs

FILED

10:56 MAR 14 2024
BY ML 570NR

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