RI SOS Filing Number: 202448530330 Date: 3/14/2024 10:55:00 AM State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2027 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 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 State RI State RI ^{Zip}02921 ^{Zip}02921 City Cranston Cranston Secretary Name Robert Saccoccio Treasurer Name Christine Hobbs

Robert	Daccoccio	Officialitie Floods					
Street Address 2220 Pla	ainfield Pike. Unit	Street Address 2220 Plainfield Pike, Unit 4R					
^{City} Cranston	State RI	^{Zip} 02921	City Cranston		State RI	^{Zip} 02921	
8. List ALL directors (nan	nes and addresses)			Check th	e box to inc	licate an attachme	ent 🗀
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	_	State	Zip	
Director Name			Oirector Name	Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issued Chec		Check th	k the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER /	OF SHARES	ARES CLASSISERIES		PAR VALUE	
		200		Common N		No Par	
Changes require an additi	onal filing.	<u> </u>			-		

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

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

statements, and that all statements contained herein are true and correct.

Authorized Representative

of Authorized Representative

MAIL TO **Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023