



State of Rhode Island  
**Department of State - Business Services Division**

REC'D RIDOS BSD  
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**Annual Report for the year:** 2022  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$60.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

<b>7. List ALL officers (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<b>President Name</b> Christine Hobbs			<b>Vice-President Name</b> Robert Saccoccio		
<b>Street Address</b> 2220 Plainfield Pike, Unit 4R			<b>Street Address</b> 2220 Plainfield Pike, Unit 4R		
<b>City</b> Cranston	<b>State</b> RI	<b>Zip</b> 02921	<b>City</b> Cranston	<b>State</b> RI	<b>Zip</b> 02921
<b>Secretary Name</b> Robert Saccoccio			<b>Treasurer Name</b> Christine Hobbs		
<b>Street Address</b> 2220 Plainfield Pike, Unit 4R			<b>Street Address</b> 2220 Plainfield Pike, Unit 4R		
<b>City</b> Cranston	<b>State</b> RI	<b>Zip</b> 02921	<b>City</b> Cranston	<b>State</b> RI	<b>Zip</b> 02921

<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
<b>Director Name</b>			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Director Name</b>			<b>Director Name</b>		
<b>Street Address</b>			<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

<b>9. Shares Authorized</b>	<b>10. Shares Issued</b> <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.	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.**

<b>Name of Authorized Representative</b> <i>Christine Hobbs</i>	<b>Date</b> <i>3-14-2024</i>
<b>Signature of Authorized Representative</b> <i>Christine Hobbs</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

10:55 MAR 14 2024  
 BY ML STONR