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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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<br><b>000021838</b>  |                    | 2. Exact name of the Corporation<br><b>Roman Tile Company, Inc.</b>  |   |                        |                     |                  |              |           |           |               |                     |
| 3. Principal Office Address<br><b>3708 Pawtucket Avenue</b>  |                    |  | City<br><b>Riverside</b>  | State<br><b>RI</b>     | Zip<br><b>02915</b> |                  |              |           |           |               |                     |
| 4. NAICS Code<br><b>238340</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Sale and installation.</b> |   |                        |                     |                  |              |           |           |               |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |  |   |                        |                     |                  |              |           |           |               |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                        |                     |                  |              |           |           |               |                     |
| President Name<br><b>Paul G. Rocchio</b>   |                    |  | Vice-President Name<br><b>George Rocchio</b>  |                        |                     |                  |              |           |           |               |                     |
| Street Address<br><b>81 Blackstone Boulevard</b>   |                    |  | Street Address<br><b>13 Sherman Avenue</b>  |                        |                     |                  |              |           |           |               |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02906</b>  | City<br><b>North Providence</b>   | State<br><b>RI</b>     | Zip<br><b>02911</b> |                  |              |           |           |               |                     |
| Secretary Name<br><b>Wendy McGrath</b>   |                    |  | Treasurer Name<br><b>Paul G. Rocchio</b>  |                        |                     |                  |              |           |           |               |                     |
| Street Address<br><b>61 Notre Dame Avenue</b>  |                    |  | Street Address<br><b>81 Blackstone Boulevard</b>  |                        |                     |                  |              |           |           |               |                     |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02860</b>  | City<br><b>Providence</b>   | State<br><b>RI</b>     | Zip<br><b>02906</b> |                  |              |           |           |               |                     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                        |                     |                  |              |           |           |               |                     |
| 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 <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.<br><br>Changes require an additional filing.   |                    |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">NUMBER OF SHARES</td> <td style="width: 33%; text-align: center;">CLASS/SERIES</td> <td style="width: 33%; text-align: center;">PAR VALUE</td> </tr> <tr> <td style="text-align: center;"><b>24</b></td> <td style="text-align: center;"><b>COMMON</b></td> <td style="text-align: center;"><b>NO PAR VALUE</b></td> </tr> </table> |                        |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>24</b> | <b>COMMON</b> | <b>NO PAR VALUE</b> |
|  |                    |  | NUMBER OF SHARES  | CLASS/SERIES           | PAR VALUE           |                  |              |           |           |               |                     |
| <b>24</b>  | <b>COMMON</b>      | <b>NO PAR VALUE</b>  |   |                        |                     |                  |              |           |           |               |                     |
|  |                    |  |   |                        |                     |                  |              |           |           |               |                     |
| 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.<br><b>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<br><b>Paul G. Rocchio, President</b>   |                    |  |   | Date<br><b>2/29/24</b> |                     |                  |              |           |           |               |                     |
| Signature of Authorized Representative<br>   |                    |  |   | FILED                  |                     |                  |              |           |           |               |                     |

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