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

FILED
MAY 1 3 2024
BY 163605

**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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 53791 | QUALITY TILE, INC. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 69 Aster Street | | West Warwick | RI | 02893 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 238340 | Installation of tile, marble, stoneware, etc. counter tops and flooring | | | |
| 5. State of Incorporation | | | | |
| Rhode Island | | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: William F. Place | | | Vice-President Name: William F. Place | | |
| Street Address: 69 Aster Street | | | Street Address: 69 Aster Street | | |
| City: West Warwick | State: RI | Zip: 02893 | City: West Warwick | State: RI | Zip: 02893 |
| Secretary Name: William F. Place | | | Treasurer Name: William F. Place | | |
| Street Address: 69 Aster Street | | | Street Address: 69 Aster Street | | |
| City: West Warwick | State: RI | Zip: 02893 | City: West Warwick | State: RI | Zip: 02893 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: William F. Place | | | Director Name: | | |
| Street Address: 69 Aster Street | | | Street Address: | | |
| City: West Warwick | State: RI | Zip: 02893 | 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 | Date |
|---|---|
| William F. Place | 3-14-24 |

Signature of Authorized Representative: William F. Place

**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: 12/2023