RI SOS Filing Number: 202573330340 Date: 5/16/2025 4:00:00 PM

State of Rhode Island  Department of Sta	ivision				ZS RECU		
Annual Report for the ye				S	HEMP PMEH		
Corporation	-				£.65		
<ul> <li>→ Filing period: February 1 -</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 f</li> </ul>				1-7 <b>F</b>	0.121.0 8.850 8.850		
Entity ID Number	2. Exact name of the Corporation						
000021838	Roman Tile Company, Inc.						
Principal Office Address     3708 Pawtucket Avenue			City Riverside	<del>)</del>	State RI		Zip 02915
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
238340	Sale and installation.						
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Paul G. Rocchio			Vice-President Name George Rocchio				
Street Address 81 Blackstone Boulevard			Street Address 13 Sherman Avenue				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02906	City North Providence				<sup>Zıp</sup> 02911
Secretary Name Wendy McGrath			Treasurer Name Paul G. Rocchio				
Street Address 61 Notre Dame Avenue			Street Address 81 Blackstone Boulevard				
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	<sup>City</sup> Providence		State RI		<sup>Z<sub>iP</sub></sup> 02906
8. List ALL directors (names and a	ddresses)		·	**	ne box to i	ndicate a	n attachment 🔲
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State		Zıp
Director Name	Director Name						
Street Address			Street Address				
City	State	Zıp	City	City			Zip
9. Shares Authorized		10. Shares Issu		Check the CLASS/SERIES	ne box to ii		n attachment  PAR VALUE
This information is currently of reco Department of State.			NUMBER OF SHARES			NO PAR VALUE	
Changes require an additional filing.							
11. This report must be executed of trustee, this report must be executed to the control of the					ation is in t	the hand	s of a receiver or
Under penalty of perjury, I decia statements, and that all stateme	re and affirm tha ents contained he	t I have examine	d this report, i		oanying s	chedule:	s and
Name of Authorized Representative Paul G. Rocchio, President				Date 21.3/0.6			
Signature of Authorized Reconstruction							ച
1400000000							

MAIL TO:

Division of Business Services

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

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

