



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

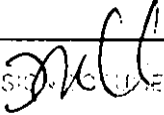
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 MAR 18 P 2:25

STAMP

Annual Report for the year: 2022 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if forms not filed by April 1.

1. Entity ID Number 000121942		2. Exact name of the Corporation Top of the Line Fabricators, Inc.	
3. Principal Office Address 417 Brown Street, #50		City South Attleboro	State MA
		Zip 02703	
4. NAICS Code 327911	6. Brief description of the character of business conducted in Rhode Island Ownership and operation of a countertop fabrication and installation business.		
5. State of Incorporation: Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Timothy O'Neill		Vice-President Name Benjamin O'Neill	
Street Address 417 Brown Street, #50		Street Address 417 Brown Street, #50	
City South Attleboro	State MA	City South Attleboro	State MA
Secretary Name Timothy O'Neill		Treasurer Name Timothy O'Neill	
Street Address 417 Brown Street, #50		Street Address 417 Brown Street, #50	
City South Attleboro	State MA	City South Attleboro	State MA
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment: <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SES
		PAR VALUE	
		50	Common
			No Par Value
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. <i>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.</i>			
Name of Authorized Representative Timothy O'Neill, President		Date 1/26/22	
Signature of Authorized Representative 		Date 1/26/22	

MAIL TO:
 Division of Business Services
 146 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 MAR 18 2022
 BY **JDASE1**