



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

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**STAMP**  
 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 APR 26 A 10:04

1. Entity ID Number <b>000121942</b>		2. Exact name of the Corporation <b>Top of the Line Fabricators, Inc.</b>			
3. Principal Office Address <b>417 BROWN STREET, #50</b>		City <b>SOUTH ATTLEBORO</b>		State <b>MA</b>	Zip <b>02703</b>
4. NAICS Code <b>327911</b>		6. Brief description of the character of business conducted in Rhode Island <b>OWNERSHIP AND OPERATION OF A COUNTERTOP FABRICATION AND INSTALLATION BUSINESS.</b>			
5. State of Incorporation <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 <b>TIMOTHY O'NEILL</b>			Vice-President Name <b>BENJAMIN O'NEILL</b>		
Street Address <b>417 BROWN STREET, #50</b>			Street Address <b>417 BROWN STREET, #50</b>		
City <b>SOUTH ATTLEBORO</b>		State <b>MA</b>	Zip <b>02703</b>	City <b>SOUTH ATTLEBORO</b>	
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State <b>MA</b>		Zip <b>02703</b>		City <b>SOUTH ATTLEBORO</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		State	
Zip		City		State	
State		Zip		City	
City		State	Zip	City	
State		Zip		State	
Zip		City		State	
State		Zip		City	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
<b>50</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.					
<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 <b>TIMOTHY O'NEILL; PRESIDENT</b>					Date <b>3/31/23</b>
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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

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