



**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.

REC'D RIDOS BSD
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1. Entity ID Number 000164855		2. Exact name of the Corporation Saccoccio Tile & Marble, Inc.			
3. Principal Office Address 2220 Plainfield Pike, Unit R4			City Cranston	State RI	Zip 02921
4. NAICS Code 238340		6. Brief description of the character of business conducted in Rhode Island Tile and stone installation and services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christine Hobbs			Vice-President Name Robert Saccoccio		
Street Address 2220 Plainfield Pike, Unit 4R			Street Address 2220 Plainfield Pike, Unit 4R		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Robert Saccoccio			Treasurer Name		
Street Address 2220 Plainfield Pike, Unit 4R			Street Address 2220 Plainfield Pike, Unit 4R		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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	Zip	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		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 <i>Christine Hobbs</i>					Date <i>3-14-2024</i>
Signature of Authorized Representative <i>Christine Hobbs</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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BY ML STONR

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