



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

REC'D RID05 BSD  
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**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.

1. Entity ID Number <b>000164855</b>		2. Exact name of the Corporation <b>Saccoccio Tile &amp; Marble, Inc.</b>			
3. Principal Office Address <b>2220 Plainfield Pike, Unit R4</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>238340</b>		6. Brief description of the character of business conducted in Rhode Island <b>Tile and marble sales, service and installation</b>			
5. State of Incorporation <b>RI</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>Christine Hobbs</b>			Vice-President Name <b>Robert Saccoccio</b>		
Street Address <b>2220 Plainfield Pike, Unit 4R</b>			Street Address <b>2220 Plainfield Pike, Unit 4R</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Robert Saccoccio</b>			Treasurer Name <b>Christine Hobbs</b>		
Street Address <b>2220 Plainfield Pike, Unit 4R</b>			Street Address <b>2220 Plainfield Pike, Unit 4R</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
					PAR VALUE
					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>					<b>FILED</b>

10:56 MAR 14 2024  
 BY ML STONR