

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. 2009

* In accordance with R.I.G.L. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fai	lling or refusing to file its ann	ual report within thirty (30) days aj	fter the time prescribed by law (I	R.I.G.L. 7-1.2-1501(c&d)) is 		
1. Corporate ID No. 96942	2. Name of Corporation Kitchen & Bath Designs, Inc.						
3. Street Address Principal Business Office 119 Elmdale Road			City North Scituate	State RI	<i>Zip</i> 02857		
4. Business Phone No. 5 State of Incorporation Rhode Island							
6. Brief Description of the Character of Business Conducted in Rhode Island To provide design and consultation services for kitchen and bath installations and other home construction and renovation projects							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Brian Dyl			Vice President Name Susan Dyl				
Street Address 119 Elmdale Road			Street Address 119 Elmdale Road				
<i>Շեր</i> North Scituate	State RI	<i>гір</i> 02857	City North Scituate	State RI	^{Ζίρ} 02857		
Secretary Name Susan Dyl			Treasurer Name Brian Dyl				
Street Address 119 Elmdale Road			Street Address 119 Elmdale Road				
City North Scituate	State RI	^{Zip} 02857	<i>city</i> North Scituate	State RI	^{Zip} 02857		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Brian Dyl			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name				
Street Address 119 Elmdale Road			Street Address				
City North Scituate	State RI	<i>zip</i> 02857	City	State	Zip		
Director Name		Director Name					
Streat Address			Street Address				
Chy	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value		
			100	Common	None		
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.							

File Date	FILED
Check No.	B 1 2 2009
By_	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a including any accompanying schedules a contained herein are true and correct.	•
San Ly	2/1/09
Siglature	l _{Date} l '
Brian Dyl	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08