

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 \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a benealty fee of \$25.00

14 Communica III Also		<del> </del>				
1. Corporate ID No. 67244	Apex Kitch	2. Name of Corporation Apex Kitchens & Baths, Inc.				
3. Street Address Principal Business Office 767 East Main Road			<sup>City</sup> Middletown	State RI	21p 02842	
4. Business Phone No. 5. State of Incorp 401-847-1532 RHODE IS			ration			
	siness of design & in:	stallation of bathrooms				
7. NAMES AND ADDI	RESSES OF THE OFFI	CERS: ("X" BOX FOR	ATTACHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Jane Anderson			Vice President Name John Anderson			
Street Address 699 Black Point Lane			Street Address 699 Black Point Lane			
Cuy Portsmouth	State RI	<sup>Zip</sup> 02871	Portsmouth	State RI	<sup>3</sup> 2 0 2 8 7 1	
Secretary Name Jane Anderson			Treasurer Name John Anderson			
Street Address Same			Street Address			
City	State	Zip	same	State	1.,,,	
					Zip	
8. NAMES AND ADDR	RESSES OF THE DIRE	CTORS: ("X" BOX FOR	R ATTACHMENT) [ FILL IN	N SPACES BEFORE USIN	G ATTACHMENTS	
None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name		·····JJ	Director Name			
None Street Address			None			
STEEL PLANTESS			Street Address			
City:	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			100	Common	No Par	
				THE		
This report must be ex-	ecuted on behalf of th	e corporation by an auth	orized representative. If the c	orporation is in the hands	of a receiver or trustee.	
this report must be exe	cuted on behalf of the	corporation by the rece	iver or trustee.		,	
			Hader penalty of a	arium I daolam - d - fC		
		<del></del>	including any acco	mpanying schedules and sta	hat I have examined this report, tements, and that all statements	
File Date FIL	ED		comained herein ar	re true and correct.		
			Storature	e unacro	L 2-12-09	
Check No. FEB 1 7 2009			Print or Type Name			
By: By for SECRETARY	OF STATE USE ONLY		Print or Type Name	1_	\t	
LON DECISE PART	O. STATE OSE OMPI		Title			