



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2010**

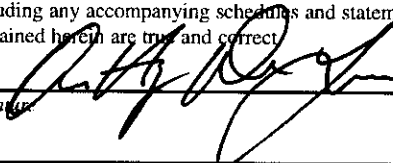
Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|  |                    |   |   |                    |                     |
|--|--------------------|---|---|--------------------|---------------------|
| 1. Corporate ID No.<br><b>120615</b>   |                    | 2. Name of Corporation<br><b>OCEAN STATE KITCHEN + BATH, INC.</b> |   |                    |                     |
| 3. Street Address Principal Business Office<br><b>63 ALHAMBRA ROAD</b>   |                    |   | City<br><b>WARWICK</b>  | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 4. Business Phone No.<br><b>(401) 921-4885</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                  |   |                    |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |                    |   |   |                    |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |   |   |                    |                     |
| President Name<br><b>ANTHONY DELUCA</b>  |                    |   | Vice President Name<br><b>NONE</b>                                  |                    |                     |
| Street Address<br><b>23 SHADOW RIDGE DRIVE</b>   |                    |   | Street Address  |                    |                     |
| City<br><b>RICHMOND.</b>   | State<br><b>RI</b> | Zip<br><b>02812</b>   | City  | State              | Zip                 |
| Secretary Name<br><b>NONE</b>  |                    |   | Treasurer Name<br><b>NONE</b>                                       |                    |                     |
| Street Address   |                    |   | Street Address  |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |   |   |                    |                     |
| Director Name<br><b>NONE</b>   |                    |   | Director Name<br><b>NONE</b>  |                    |                     |
| Street Address   |                    |   | Street Address  |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| Director Name<br><b>NONE</b>   |                    |   | Director Name<br><b>NONE</b>  |                    |                     |
| Street Address   |                    |   | Street Address  |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                     |
| AUTHORIZED SHARES  |                    |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                    |                     |
| Number of Shares   | Class/Series       | Par Value   | Number of Shares  | Class/Series       | Par Value           |
| <b>8,000</b>   | <b>COMMON</b>      | <b>\$1.00</b>   | <b>8,000</b>  | <b>COMMON</b>      | <b>\$1.00</b>       |

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                       | <b>FILED</b>       |
| Check No.                       | <b>FEB 02 2010</b> |
| By:                             | <b>BY 5525</b>     |
| FOR SECRETARY OF STATE USE ONLY |                    |

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.

Signature:  Date: **1/30/10**  
Print or Type Name: \_\_\_\_\_  
Title: \_\_\_\_\_