



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 2011

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. 86496		2. Name of Corporation NEW ENGLAND KITCHEN AND BATH CENTER, INC.			
3. Street Address Principal Business Office 681 HOPE STREET			City BRISTOL	State RHODE ISLAND	Zip 02809
4. Business Phone No. 401-254-6001		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A RETAIL AND WHOLESALE KITCHEN AND BATH DESIGN CENTER					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL PARE			Vice President Name NONE		
Street Address 15 TERRY LANE			Street Address		
City TIVERTON	State RHODE ISLAND	Zip 02878	City	State	Zip
Secretary Name MICHAEL PARE			Treasurer Name MICHAEL PARE		
Street Address 15 TERRY LANE			Street Address 15 TERRY LANE		
City TIVERTON	State RHODE ISLAND	Zip 02870	City TIVERTON	State RHODE ISLAND	Zip 02870
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value NO PAR

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.

FILED

File Date _____
Check No. **MAR 02 2011**
By: **BY 1278**

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.

Michael R. Pare 12/9/11
Signature Date
Michael R. Pare
Print or Type Name
Pars.
Title