



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. 487216		2. Name of Corporation BATHROOMS BY DESIGN, INC.			
3. Street Address Principal Business Office 6 River Road			City Norton	State MA	Zip 02766
4. Business Phone No. 877-248-4206		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Remodeling bathrooms and any other lawful business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Inna V. Ferretti			Vice President Name James L. Ferretti, III		
Street Address 6 River Road			Street Address 6 River Road		
City Norton	State MA	Zip 02766	City Norton	State MA	Zip 02766
Secretary Name Victor A. Veykhler			Treasurer Name Victor A. Veykhler		
Street Address 115 East Street			Street Address 115 East Street		
City N. Attleboro	State MA	Zip 02760	City N. Attleboro	State MA	Zip 02760
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James L. Ferretti, III			Director Name		
Street Address 6 River Road			Street Address		
City Norton	State MA	Zip 02760	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 1000	Class/Series Common	Par Value No par value

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	MAR 02 2011
Check No.	2083
By: BY	
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.

Inna V. Ferretti 02/12/11
Signature Date
Inna V. Ferretti
Print or Type Name
President
Title