

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

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1. Entity ID No. 159500	2. Exact name of the Corporation THE ART OF THE KITCHEN, LTD				
			City	State	Zip
3. Principal office address 951 HOPE STREET			City PROVIDENCE	RI	02906
4. Business Phone No. 401-383-7105			5. State of Incorporation RHODE ISLAND		
Brief description of the chara Design, purchase, sell			esigns, equipment		
LIST ALL OFFICERS (NAM	HES AND ADDRE	SSES) ("X" BOX FOR A		DUMP KING	Am 1913 1740
President Name Kathy Del Sesto			Vice-President Name Kathy Del Sesto		
Street Address 951 Hope Street			Street Address 951 Hope Street		
City Providence	State RI	Zip 02906	City Providence State RI		Zip 02906
Secretary Name Kathy Del Sesto			Treasurer Name Kathy Del Sesto		
Street Address 951 Hope Street			Street Address 951 Hope Street		
Providence	State RI	Zip 02906	City State RI		Zip 02906
LIST <u>all</u> directors (NA	MES AND ADDR	RESSES) ("X" BOX FOR			
Director Name Kathy Del Sesto			Director Name		
Street Address 951 Hope Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name	·		Director Name		
Street Address			Street Address		
Dity	State	Zip	City	State	Zip
. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			1,000	Common	\$0.01
			100	Common	\$0.01
This report must be executed		orporation by an authorize t be executed on behalf o			s of a receiver or trustee
File Date		Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statement and thay all statements contained herein are true and correct.			
Check No				erus contained nerebra	Te true and correct.
By:		FILED	[]	Zed Representative	Date
FOR SECRETARY OF STAT	E USE ONLY	JUN 28 2012	Kathy Del Sest		- A
JUN ZO ZUIZ			Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012