



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 2012

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.

1. Entity ID No. <u>71674</u>		2. Exact name of the Corporation <u>Kommercial Kitchens Inc.</u>	
3. Principal office address <u>53 Birchwood Lane</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
4. Business Phone No. <u>401-822-4660</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Service and Repair of Commercial Appliances</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <u>Peter L. Kritter</u>		Vice-President Name <u>Peter L. Kritter</u>	
Street Address <u>53 Birchwood Lane</u>		Street Address <u>53 Birchwood Lane</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
Secretary Name <u>Peter L. Kritter</u>		Treasurer Name <u>Peter L. Kritter</u>	
Street Address <u>53 Birchwood Lane</u>		Street Address <u>53 Birchwood Lane</u>	
City <u>West Warwick</u>	State <u>RI</u>	City <u>West Warwick</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address <u>None</u>		Street Address <u>None</u>	
City	State	City	State
Zip		Zip	
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address <u>None</u>		Street Address <u>None</u>	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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.		NUMBER OF SHARES <u>2000</u>	CLASS/SERIES
			PAR VALUE <u>No Par</u>

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 _____

Check No _____

By: _____

FILED

AUG 24 2012

at 177512

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.

Peter L. Kritter
Signature of Authorized Representative

8/23/12
Date

FOR SECRETARY OF STATE USE ONLY

Peter L. Kritter
Print or Type Name of Authorized Representative

10:29