



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 2013

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>139063</u>		2. Exact name of the Corporation <u>The Kitchen Center of Rhode Island</u>	
3. Principal office address <u>468 Smithfield Road</u>		City <u>North Providence</u>	State <u>RI</u>
4. Business Phone No. <u>(401) 353-8300</u>		Zip <u>02904</u>	
5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Kitchen and Bath Sales</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>Paulette Ruzzano</u>		Vice-President Name <u>George Ruzzano</u>	
Street Address <u>121 Terrace Avenue</u>		Street Address <u>121 Terrace Avenue</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
Secretary Name <u>Paulette Ruzzano</u>		Treasurer Name <u>George Ruzzano</u>	
Street Address <u>121 Terrace Avenue</u>		Street Address <u>121 Terrace Avenue</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02860</u>		Zip <u>02860</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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>4,000</u>	CLASS/SERIES <u>No Par</u>	PAR VALUE <u>0</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: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 23 2013

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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.

Paulette Ruzzano 1/8/2013
Signature of Authorized Representative Date

President
Print or Type Name of Authorized Representative