



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. 1147		2. Exact name of the Corporation Apex Remodelers, Inc.			
3. Principal office address 767 East Main Road		City Middletown	State RI	Zip 02840	
4. Business Phone No. 401-846-6292		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island home improvements					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Albert W. Jiacovelli			Vice-President Name Kevin A. Costa <i>Terminated</i>		
Street Address 26 Tobin Lane			Street Address 9 Huttleston Avenue		
City Bristol	State RI	Zip 02809	City Fairhaven	State MA	Zip 02719
Secretary Name Albert W. Jiacovelli			Treasurer Name None		
Street Address 26 Tobin Lane			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Albert W. Jiacovelli			Director Name None		
Street Address 26 Tobin Lane			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name None			Director Name None		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			60	Common	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 05 2013

BY

20632

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.

Albert W. Jiacovelli
Signature of Authorized Representative

2/4/13
Date

Albert W. Jiacovelli

Print or Type Name of Authorized Representative