



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
Secretary Name Albert W. Jiacovelli		Treasurer Name None		
Street Address 26 Tobin Lane		Street Address		
City Bristol	State RI	Zip 02809	City	State
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
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		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.

FILED

FEB 05 2013

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.

File Date _____

Check No _____

By: _____ BY 20632 Albert W. Jiacovelli 2/4/13

Signature of Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

Albert W. Jiacovelli

Print or Type Name of Authorized Representative