



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. 42701		2. Exact name of the Corporation NORTEK, INC.			
3. Principal office address 50 KENNEDY PLAZA		City PROVIDENCE,	State RI	Zip 02903	
4. Business Phone No. 401-751-1600		5. State of Incorporation DELAWARE			
6. Brief description of the character of business conducted in Rhode Island ✓					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL J. CLARKE			Vice-President Name ANDREW W. PRETE		
Street Address 50 KENNEDY PLAZA			Street Address 50 KENNEDY PLAZA		
City PROVIDENCE,	State RI	Zip 02903	City PROVIDENCE,	State RI	Zip 02903
Secretary Name KEVIN W. DONNELLY			Treasurer Name EDWARD J. COONEY		
Street Address 50 KENNEDY PLAZA			Street Address 50 KENNEDY PLAZA		
City PROVIDENCE,	State RI	Zip 02903	City PROVIDENCE,	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSEPH M. CIANCIOLO			Director Name JOHN T. COLEMAN		
Street Address 50 KENNEDY PLAZA			Street Address 50 KENNEDY PLAZA		
City PROVIDENCE,	State RI	Zip 02903	City PROVIDENCE,	State RI	Zip 02903
Director Name THOMAS A. KEENAN			Director Name JAMES B. HIRSHORN		
Street Address 50 KENNEDY PLAZA			Street Address 50 KENNEDY PLAZA		
City PROVIDENCE,	State RI	Zip 02903	City PROVIDENCE,	State RI	Zip 02903
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
			90,000,000	COMMON	.01
			10,000,000	PREFERRED	.0

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 26 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.

Signature of Authorized Representative Date **2/25/13**

KEVIN W. DONNELLY

Print or Type Name of Authorized Representative