



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** 2014

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. 68482		2. Exact name of the Corporation Premier Kitchen and Bath, Inc.		
3. Principal office address 1833 Cranston Street		City Cranston	State RI	Zip 02920
4. Business Phone No. 401-942-6910		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island purchase, sell, deal in kitchen and bathroom cabinets, equipment and related materials and installations thereof				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael Bert		Vice-President Name Sandra Bert		
Street Address 1833 Cranston Street		Street Address 1833 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI
Secretary Name Michael Bert		Treasurer Name Sandra Bert		
Street Address 1833 Cranston Street		Street Address 1833 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Michael Bert		Director Name Sandra Bert		
Street Address 1833 Cranston Street		Street Address 1833 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI
Director Name		Director Name		
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.		NUMBER OF SHARES 500	CLASS/SERIES common	PAR VALUE none
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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**

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: \_\_\_\_\_

JAN 22 2014

*Michael Bert* 1/20/14  
Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY 14201 Michael Bert  
Print or Type Name of Authorized Representative