



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	Zip 02920		
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	Zip 02920		
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	Zip 02920		
Director Name		Director Name					
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
					500	common	none

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

JAN 22 2014

BY

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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

Michael Bert
Print or Type Name of Authorized Representative