



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 2015

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. 116740		2. Exact name of the Corporation CLASSIC KITCHENS & COUNTERTOPS, INC.			
3. Principal office address 65 BAY SPRING AVENUE		City BARRINGTON	State RI	Zip 02806	
4. Business Phone No. (401) 246-0552		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RETAIL SALE OF KITCHENS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name DEBORAH DELLEFRATTE			Vice-President Name DEBORAH DELLEFRATTE		
Street Address 3 LEDGE ROAD			Street Address 3 LEDGE ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name DEBORAH DELLEFRATTE			Treasurer Name DEBORAH DELLEFRATTE		
Street Address 3 LEDGE ROAD			Street Address 3 LEDGE ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DEBORAH DELLEFRATTE			Director Name NONE		
Street Address 3 LEDGE ROAD			Street Address		
City BARRINGTON	State RI	Zip 02806	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
			100	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

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.

FILED X *Deborah Dellefratte* 1/10/15
 Signature of Authorized Representative Date

FEB 09 2015 **DEBORAH DELLEFRATTE, PRESIDENT**
 Print or Type Name of Authorized Representative

BY 4415