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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 2016

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.	2. Exact name of the Corporation		
921	AMERICAN PRODUCTS, INC.		
3. Principal office address: 250 Front Street	City: Pawtucket	State: RI	Zip: 02860
4. Business Phone No.: 723-7630	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: purchasing, distributing, selling manufactured wood products and parts thereof			

President Name: PETER LIETAR			Vice-President Name:		
Street Address: 250 Front Street			Street Address:		
City: Pawtucket	State: RI	Zip: 02860	City:	State:	Zip:
Secretary Name: PETER LIETAR			Treasurer Name: PETER LIETAR		
Street Address: 250 Front Street			Street Address: 250 Front Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860

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CORPORATIONS DIV

8. LIST OF DIRECTORS (NAMES AND ADDRESSES) OR "X" BOX FOR ATTACHMENT ☐

Director Name: PETER LIETAR			Director Name:		
Street Address: 250 Front Street			Street Address:		
City: Pawtucket	State: RI	Zip: 02860	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED | **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

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
220	preferred	no par value
200	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: _____

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FOR SECRETARY OF STATE USE ONLY BY

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: 3/31/16

PETER LIETAR, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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