



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. 921 | | 2. Exact name of the Corporation 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 |
| 7. List all Directors (Name and Address) (Check box for Attachments) <input type="checkbox"/> | | | | | |
| 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) <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 |
| | | | 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: _____

FOR SECRETARY OF STATE USE ONLY BY 271438

FILED

MAR 31 2016

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

PETER LIETAR, President

Print or Type Name of Authorized Representative