



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 00496		2. Exact name of the Corporation NEW ENGLAND KITCHEN AND BATH CENTER, INC.	
3. Principal Office Address 1 NEW INDUSTRIAL ROAD		City WARREN	State RI
		Zip 02885	
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RETAIL AND WHOLESALE KITCHEN AND BATH SALES AND DESIGN CENTER		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MICHAEL PARE		Vice-President Name	
Street Address 15 TERRY LAND		Street Address	
City TIVERTON	State RI	Zip 02878	
Secretary Name MICHAEL PARE		Treasurer Name MICHAEL PARE	
Street Address 15 TERRY LANE		Street Address 15 TERRY LANE	
City TIVERTON	State RI	Zip 02878	
City TIVERTON		State RI	
Zip 02878		Zip 02878	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
City		State	
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued	
		NUMBER OF SHARES	CLASS/SERIES
		200	COMMON
			NO PAR
11. 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. 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.			
Name of Authorized Representative Michael R. PARE			Date 1/3/17
Signature of Authorized Representative <i>Michael R. PARE</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JAN 13 2017

BY *[Signature]* **3189**