



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 487216 | | 2. Exact name of the Corporation BATHROOMS BY DESIGN, INC. | | | |
| 3. Principal Office Address P.O. Box 441 | | | City Norton | State MA | Zip 02766 |
| 4. NAICS Code 23 - Construction | | 6. Brief description of the character of business conducted in Rhode Island Remodeling bathrooms and any other lawful business | | | |
| 5. State of Incorporation Massachusetts | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Inna V. Ferretti | | | Vice-President Name James L. Ferretti III | | |
| Street Address P.O. Box 441 | | | Street Address P.O. Box 441 | | |
| City Norton | State MA | Zip 02766 | City Norton | State MA | Zip 02766 |
| Secretary Name Victor A. Veykhler | | | Treasurer Name Victor A. Veykhler | | |
| Street Address 115 East Street | | | Street Address 115 East Street | | |
| City N. Attleboro | State MA | Zip 02760 | City N. Attleboro | State MA | Zip 02760 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name James L. Ferretti III | | | Director Name | | |
| Street Address P.O. Box 441 | | | Street Address | | |
| City Norton | State MA | Zip 02760 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued 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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | Common | No Par Value |
| 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 Inna V. Ferretti | | | | Date 1/26/17 | |
| Signature of Authorized Representative <i>Inna V. Ferretti</i> | | | | FILED | |

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

FEB 13 2017

BY 1230 *[Signature]* FORM 630 - Revised: 10/2016