



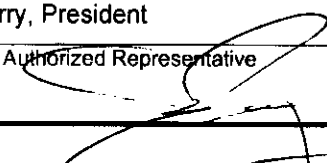
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2017 MAR -1 PM 1:44

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 32539		2. Exact name of the Corporation General Kitchens, Inc.			
3. Principal Office Address 591 Warren Avenue		City East Providence		State RI	Zip 02914
4. Business Phone Number: (401) 434-5250		6. Brief description of the character of business conducted in Rhode Island To engage in the wholesale and retail sale of kitchen cabinets and related products			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Jesse Perry			Vice-President Name None		
Street Address 125 South Rose Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Jesse Perry			Treasurer Name Jesse Perry		
Street Address 125 South Rose Street			Street Address 125 South Rose Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Jesse Perry			Director Name		
Street Address 125 South Rose Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			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 Jesse Perry, President				Date February 23, 2017	
Signature of Authorized Representative 					

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

MAR 01 2017

BY 297263

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FORM 630 - Revised: 08/2016