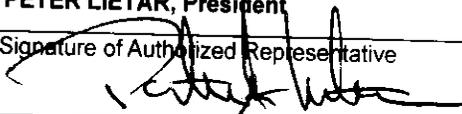




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 921		2. Exact name of the Corporation AMERICAN PRODUCTS, INC.			
3. Principal Office Address 250 Front Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island purchasing, distributing, selling manufactured wood products and parts thereof			
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 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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <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 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 <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		220	preferred	no par value	
		200	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. <i>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.</i>					
Name of Authorized Representative PETER LIETAR, President				Date 3/9/17	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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 13 2017

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