



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

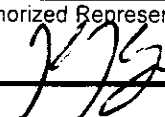
Annual Report for the year: **2017**

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 878598		2. Exact name of the Corporation CK Custom Kabinetry, Inc.			
3. Principal Office Address 93 Hazel Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Cabinet construction and installation and any lawful business.			
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 Kory P. Keegan			Vice-President Name		
Street Address 1155 Victory Highway			Street Address		
City Oakland	State RI	Zip 02858	City	State	Zip
Secretary Name Kory P. Keegan			Treasurer Name Kory P. Keegan		
Street Address 1155 Victory Highway			Street Address 1155 Victory Highway		
City Oakland	State RI	Zip 02858	City Oakland	State RI	Zip 02858
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	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		
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 Kory P. Keegan					Date 2/1/2017
Signature of Authorized Representative 					

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

JUN 07 2017

BY

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FORM 630 - Revised: 10/2016