



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

**FILED**

FEB 01 2018

BY

17873

**ANNUAL REPORT FOR THE YEAR 2018****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 Corporate ID No <b>000061942</b>		2 Name of Corporation <b>R.I. Kitchen &amp; Bath, Inc.</b>			
3 Street Address Principal Business Office <b>139 Jefferson Blvd.</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4 NAICS Code <b>234116</b>		5 State of Incorporation <b>Rhode Island</b>			
6 Brief Description of the Character of Business Conducted in Rhode Island <b>Construction and remodeling, sales and installation of kitchen and bath related products</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Tanya M. Donahue</b>			Vice President Name		
Street Address <b>139 Jefferson Blvd.</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Secretary Name <b>Steven L. St. Onge</b>			Treasurer Name <b>Steven L. St. Onge</b>		
Street Address <b>139 Jefferson Blvd.</b>			Street Address <b>139 Jefferson Blvd.</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Steven L. St. Onge</b>			Director Name		
Street Address <b>139 Jefferson Blvd.</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares <b>157.9 shares common stock of no par value</b>	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.

Signature

Print or Type Name

**President**

Title

**MAIL TO:**

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