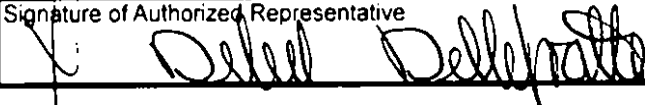




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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. Entity ID Number 116740		2. Exact name of the Corporation CLASSIC KITCHENS & COUNTERTOPS, INC.			
3. Principal Office Address 65 BAY SPRING AVENUE		City BARRINGTON		State RI	Zip 02806
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island RETAIL SALE OF KITCHENS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DEBORAH DELLEFRATTE			Vice-President Name DEBORAH DELLEFRATTE		
Street Address 3 LEDGE ROAD			Street Address 3 LEDGE ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name DEBORAH DELLEFRATTE			Treasurer Name DEBORAH DELLEFRATTE		
Street Address 3 LEDGE ROAD			Street Address 3 LEDGE ROAD		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DEBORAH DELLEFRATTE			Director Name NONE		
Street Address 3 LEDGE ROAD			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS: SHARES	
		NUMBER OF SHARES 100	Common	PAR VALUE 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 DEBORAH DELLEFRATTE					Date 1/26/18
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

FEB 02 2018
BY **Slade B**

FORM 630 - Revised: 10/2017