



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.

FILED

FEB 26 2018

BY

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1. Entity ID Number 68482		2. Exact name of the Corporation PREMIER KITCHEN AND BATH, INC.			
3. Principal Office Address 1833 Cranston Street			City Cranston	State RI	Zip 02920
4. NAICS Code 444190	6. Brief description of the character of business conducted in Rhode Island Purchase, sell, deal in kitchen and bathroom cabinets, equipment and related materials and installation thereof.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MICHAEL BERT			Vice-President Name SANDRA BERT		
Street Address 1833 Cranston Street			Street Address 1833 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name MICHAEL BERT			Treasurer Name SANDRA BERT		
Street Address 1833 Cranston Street			Street Address 1833 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael Bert			Director Name Sandra Bert		
Street Address 1833 Cranston Street			Street Address 1833 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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 ☐		
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 Michael Bert, President					Date 2/21/18
Signature of Authorized Representative <i>Michael Bert</i> MICHAEL BERT					

MAIL TO:
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