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

FILED
FEB 26 2018
BY 11876

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	2. Exact name of the Corporation
68482	PREMIER KITCHEN AND BATH, INC.

3 Principal Office Address	City	State	Zip
1833 Cranston Street	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
444190	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	Street Address	City	State	Zip
MICHAEL BERT	1833 Cranston Street	Cranston	RI	02920

Vice-President Name	Street Address	City	State	Zip
SANDRA BERT	1833 Cranston Street	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
MICHAEL BERT	1833 Cranston Street	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip
SANDRA BERT	1833 Cranston Street	Cranston	RI	02920

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Michael Bert	1833 Cranston Street	Cranston	RI	02920

Director Name	Street Address	City	State	Zip
Sandra Bert	1833 Cranston Street	Cranston	RI	02920

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
500	Common	None

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	Date
Michael Bert, President	2/21/18

Signature of Authorized Representative: Michael Bert PRESIDENT

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

FORM 630 - Revised: 10/2017