



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR
SECRETARY OF STATE
USL ONLY

| | | | | | |
|--|--------------------|--|--|--------------------|-------------------------|
| 1. Entity ID Number 86496 | | 2. Exact name of the Corporation NEW ENGLAND KITCHEN AND BATH CENTER, INC. | | | |
| 3. Principal Office Address NEW INDUSTRIAL ROAD | | | City WARREN | State RI | Zip 02885 |
| 4. NAICS Code 238220 | | 6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RETAIL AND WHOLESALE KITCHEN AND BATH SALES AND DESIGN CENTER | | | |
| 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 MICHAEL PARE | | | Vice-President Name | | |
| Street Address 15 TERRY LANE | | | Street Address | | |
| City TIVERTON | State RI | Zip 02878 | City | State | Zip |
| Secretary Name MICHAEL PARE | | | Treasurer Name MICHAEL PARE | | |
| Street Address 15 TERRY LANE | | | Street Address 15 TERRY LANE | | |
| City TIVERTON | State RI | Zip 02878 | City TIVERTON | State RI | Zip 02878 |
| 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/SLRILS | |
| | | 200 | | COMMON | |
| | | | | PAR VALUE | |
| | | | | NO PAR | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Michael Pare | | | FILED | | Date 12/27/18 |
| Signature of Authorized Representative <i>Michael Pare</i> | | | SIGN DOCUMENT HERE | | JAN 02 2019 |
| | | | BY <i>8580 PS</i> | | |

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