RI SOS Filing Number: 201984988410 Date: 1/22/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STA.

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.

1. Entity ID Number	2. Exact name of the Corporation
487216	BATHROOMS BY DESIGN, INC.

3. Principal Office Address	City	State	Zip
P.O. Box 441	Norton	MA	02766

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction 236118	Remodeling bathrooms and any other lawful business
5. State of Incorporation: Massachusetts	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Inna V. Ferretti			Vice-President Name: James L. Ferretti III		
Street Address: P.O. Box 441			Street Address: P.O. Box 441		
City: Norton	State: MA	Zip: 02766	City: Norton	State: MA	Zip: 02766
Secretary Name: Victor A. Veykhler			Treasurer Name: Victor A. Veykhler		
Street Address: 115 East Street			Street Address: 115 East Street		
City: N. Attleboro	State: MA	Zip: 02760	City: N. Attleboro	State: MA	Zip: 02760

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

Director Name: James L. Ferretti III			Director Name		
Street Address: P.O. Box 441			Street Address		
City: Norton	State: MA	Zip: 02760	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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	Date
Inna V. Ferretti	01/15/19

Signature of Authorized Representative: Inna Ferretti — SIGN DOCUMENT HERE

FILED
JAN 22 2019
BY 3969 DS

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: 10/2016