



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 487216		2. Exact name of the Corporation BATHROOMS BY DESIGN, INC.				
3. Principal Office Address P.O. Box 441			City Norton	State MA	Zip 02766	
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>	
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 <input type="checkbox"/>	
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		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/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. <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 Inna V. Ferretti					Date 01/15/19	
Signature of Authorized Representative <i>Inna Ferretti</i>					FILED	
SIGN DOCUMENT HERE						

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

JAN 22 2019
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