



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.

1. Entity ID Number 000115668		2. Exact name of the Corporation Kitchener Direct, INC							
3. Principal Office Address 68 MINK ST		City Seekonk	State MA						
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island CABINETRY Sales							
5. State of Incorporation RI									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name PETER CURTIS		Vice-President Name							
Street Address 144 MARTIN ST		Street Address							
City Rh-both	State MA	City	State						
Secretary Name LAURIE J. CURTIS		Treasurer Name							
Street Address 144 MARTIN ST		Street Address							
City Rh-both	State MA	City	State						
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	City	State						
Director Name		Director Name							
Street Address		Street Address							
City	State	City	State						
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>0</td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
100		0							
Changes require an additional filing.									
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 PETER CURTIS		Date 01/15/20							
Signature of Authorized Representative <i>Peter Curtis</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

FILED

JAN 30 2020

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FORM 630 - Revised: 10/2017