Date: 3/3/2021 4:00:00 PM RI SOS Filing Number: 202193527180

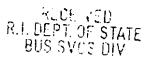


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2021



FOR SECRETARY OF STATE USE ONLY 2021 MAR -3 AM 11: 37

Corporation

- → Filing period: January 1 March 1
- → Filing Fee \$50.00
- → Penalty Additional \$25 00 fee if form is not filed by April 1

Entity ID Number	2 Exact nam	2 Exact name of the Corporation					
000061942		R.I. KITCHEN & BATH, INC.					
3 Principal Office Address 139 JEFFERSON BLVD.			City	***	State RI	Zıp 02888	
				endusted in Phodo		02000	
236116	6. Brief description of the character of business conducted in Rhode Island						
5 State of Incorporation	CONSTRUCTION AND REMODELING, SALES AND INSTALLATION OF KITCHEN AND BATH RELATED PRODUCTS.						
RHODE ISLAND	KELATED	FRODUCTS.					
7 List ALL officers (names an	d addresses)				the box to	ndicate an attachment 🔲	
President Name TANYA M. DONAHUE			Vice-President Name				
Street Address 139 JEFFERSON BLVD.			Street Address				
City WARWICK	State RI	Zip 02888	City	City State		Zıp	
Secretary Name TANYA M. DONAHUE			Treasurer Name TANYA M. DONAHUE				
Street Address 139 JEFFERSON BLVD.			Street Address 139 JEFFERSON BLVD.				
City WARWICK	State RI	Z ₁ p 02888	City WARWICK		State RI	^{Z₁p} 02888	
8. List ALL directors (names a	ind addresses)		· · · · · · · · · · · · · · · · · · ·	Check	the box to	indicate an attachment	
Director Name TANYA M. DONAHUE			Director Name				
Street Address 139 JEFFERSON BLVD.			Street Address				
City WARWICK	State RI	Zıp 02888	City		State	Ζıρ	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9 Shares Authorized		10 Shares is	<u>l</u> sued (Check the box to indicate an attachment		
This information is currently of	record in the		F SHARES	CLASS/SFRIES PAR VALUE			
Department of State. Changes require an additional filing.		157.9		COMMON		NO PAR VALUE	
		-					
11 This report must be execu	ited on behalf of the	corporation by an	authorized repre	sentative If the corp	oration is in	the hands of a receiver or	
trustee, this report must be ex							
Under penalty of perjury, I o	declare and affirm tements contained	that I have examir I herein are true a	ned this report, i	including any acco	mpanying s	schedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date		
TANYA M. DONAHUE							
Signature of Authorized Repri	esentative NG WA	ZSIGN DO	CUMENT HERE		-		
	, volume	7~~ (FILED		<u> </u>	

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 3 2021

FORM 630 - Revised: 10/2017