



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAR -3 AM 11:37

STAMPFOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000061942		2. Exact name of the Corporation R.I. KITCHEN & BATH, INC.												
3. Principal Office Address 139 JEFFERSON BLVD.			City WARWICK		State RI									
					Zip 02888									
4. NAICS Code 236116		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND REMODELING, SALES AND INSTALLATION OF KITCHEN AND BATH RELATED PRODUCTS.												
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 TANYA M. DONAHUE			Vice-President Name											
Street Address 139 JEFFERSON BLVD.			Street Address											
City WARWICK	State RI	Zip 02888	City	State	Zip									
Secretary Name TANYA M. DONAHUE			Treasurer Name TANYA M. DONAHUE											
Street Address 139 JEFFERSON BLVD.			Street Address 139 JEFFERSON BLVD.											
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name TANYA M. DONAHUE			Director Name											
Street Address 139 JEFFERSON BLVD.			Street Address											
City WARWICK	State RI	Zip 02888	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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>157.9</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	157.9	COMMON	NO PAR VALUE			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
157.9	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 TANYA M. DONAHUE					Date									
Signature of Authorized Representative <i>Tanya M. Donahue</i> 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

FILED**MAR 03 2021**

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