



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 10 2023

2090 ST/2D

Filing Fee
\$50.00
Penalty
\$25.00

1. Entity ID Number 921		2. Exact name of the Corporation American Products, Inc,			
3. Principal Office Address 165 Front Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 453998		6. Brief description of the character of business conducted in Rhode Island Purchasing, distributing, selling manufactured wood products and parts thereof.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Peter Lietar			Vice-President Name Coty Cayden Lietar		
Street Address 165 Front Street			Street Address 11810 Bay Pony Lane		
City Pawtucket	State RI	Zip 02860	City San Diego	State CA	Zip 92128
Secretary Name Peter Lietar			Treasurer Name Peter Lietar		
Street Address 165 Front Street			Street Address 165 Front Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Peter Lietar			Director Name		
Street Address 165 Front Street			Street Address		
City Pawtucket	State RI	Zip 02860	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			220	preferred	no par value
			200	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 Peter Lietar					Date 3-8-23
Signature of Authorized Representative					

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: 2/2023