



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 19 2024
BY 3935
KS

1. Entity ID Number C488-366		2. Exact name of the Corporation Wickford Kitchen and Bath, Inc.	
3. Principal Office Address 8194 Post Road		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 444190	6. Brief description of the character of business conducted in Rhode Island Kitchen and bath design and sales and other lawful purposes.		
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 Robert E. Lovejoy		Vice-President Name Sandra A. Lovejoy	
Street Address 62 Wyndcliff Drive		Street Address 62 Wyndcliff Drive	
City Saunderstown	State RI	Zip 02874	City Saunderstown
			State RI
			Zip 02874
Secretary Name Sandra A. Lovejoy		Treasurer Name Robert E. Lovejoy	
Street Address 62 Wyndcliff Drive		Street Address 62 Wyndcliff Drive	
City Saunderstown	State RI	Zip 02874	City Saunderstown
			State RI
			Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name none		Director Name none	
Street Address		Street Address	
City	State	Zip	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/SFR/FS
		PAR VALUE	
		1,000	STK
			\$0.0100
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 Robert E. Lovejoy			Date 3/13/24
Signature of Authorized Representative 3/13/24			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov