



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2025**

**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**  
FEB 10 2025  
BY 4184  
EG

1. Entity ID Number <b>0048866</b>		2. Exact name of the Corporation <b>Wickford Kitchen and Bath, Inc</b>			
3. Principal Office Address <b>8194 Post Road</b>		City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>444190</b>		6. Brief description of the character of business conducted in Rhode Island <b>Kitchen and bath design and sales another lawful purposes.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert E. Lovejoy</b>		Vice-President Name <b>Sandra A. Lovejoy</b>			
Street Address <b>62 Wyndcliff Drive</b>		Street Address <b>62 Wyndcliff Drive</b>			
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>Sandra A. Lovejoy</b>		Treasurer Name <b>Robert E. Lovejoy</b>			
Street Address <b>62 Wyndcliff Drive</b>		Street Address <b>62 Wyndcliff Drive</b>			
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>		Director Name <b>none</b>			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1,000</b>		<b>STK</b>	<b>\$0.0100</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Robert E. Lovejoy</b>				Date <b>2/3/25</b>	
Signature of Authorized Representative 					

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