



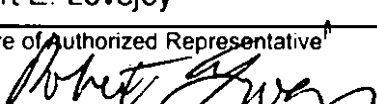
State of Rhode Island  
Department of State - Business Services Division

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<br><b>0048866</b>   |                    | 2. Exact name of the Corporation<br><b>Wickford Kitchen and Bath, Inc</b>  |                             |                       |                     |
| 3. Principal Office Address<br><b>8194 Post Road</b>  |                    | City<br><b>North Kingstown</b>   |                             | State<br><b>RI</b>    | Zip<br><b>02852</b> |
| 4. NAICS Code<br><b>444190</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Kitchen and bath design and sales another lawful purposes.</b> |                             |                       |                     |
| 5. State of Incorporation<br><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<br><b>Robert E. Lovejoy</b>  |                    | Vice-President Name<br><b>Sandra A. Lovejoy</b>  |                             |                       |                     |
| Street Address<br><b>62 Wyndcliff Drive</b>   |                    | Street Address<br><b>62 Wyndcliff Drive</b>  |                             |                       |                     |
| City<br><b>Saunderstown</b>   | State<br><b>RI</b> | Zip<br><b>02874</b>  | City<br><b>Saunderstown</b> | State<br><b>RI</b>    | Zip<br><b>02874</b> |
| Secretary Name<br><b>Sandra A. Lovejoy</b>  |                    | Treasurer Name<br><b>Robert E. Lovejoy</b>   |                             |                       |                     |
| Street Address<br><b>62 Wyndcliff Drive</b>   |                    | Street Address<br><b>62 Wyndcliff Drive</b>  |                             |                       |                     |
| City<br><b>Saunderstown</b>   | State<br><b>RI</b> | Zip<br><b>02874</b>  | City<br><b>Saunderstown</b> | State<br><b>RI</b>    | Zip<br><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<br><b>none</b>  |                    | Director Name<br><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.<br><br>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<br><b>Robert E. Lovejoy</b>   |                    |  |                             | Date<br><b>2/3/25</b> |                     |
| Signature of Authorized Representative<br>   |                    |  |                             |                       |                     |

MAIL TO:  
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