



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

FIELD  
 FEB 11 2025  
 BY *[Signature]* STAMP

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.

1. Entity ID Number <b>116740</b>		2. Exact name of the Corporation <b>CLASSIC KITCHENS &amp; COUNTERTOPS, INC.</b>			
3. Principal Office Address <b>65 Bay Spring Avenue</b>		City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>444190</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retail Sale of Kitchens</b>			
5. State of Incorporation <b>RI</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>Deborah Dellefratte</b>			Vice-President Name <b>Deborah Dellefratte</b>		
Street Address <b>3 Ledge Road</b>			Street Address <b>3 Ledge Road</b>		
City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	
State <b>RI</b>		Zip <b>02806</b>		State <b>RI</b>	
Zip <b>02806</b>		City <b>Barrington</b>			
Secretary Name <b>Deborah Dellefratte</b>			Treasurer Name <b>Deborah Dellefratte</b>		
Street Address <b>3 Ledge Road</b>			Street Address <b>3 Ledge Road</b>		
City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	
State <b>RI</b>		Zip <b>02806</b>		State <b>RI</b>	
Zip <b>02806</b>		City <b>Barrington</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>Deborah Dellefratte</b>			Director Name <b>None</b>		
Street Address <b>3 Ledge Road</b>			Street Address		
City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>	City	
State <b>RI</b>		Zip <b>02806</b>		State	
Zip <b>02806</b>		City			
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City			
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		<b>100</b>	<b>Common</b>	<b>No Par Value</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>Deborah Dellefratte</b>				Date <b>1/31/25</b>	
Signature of Authorized Representative <i>[Signature]</i>					

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