



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  
25 FEB 27 AM 10:53  
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1. Entity ID Number <u>000068482</u>		2. Exact name of the Corporation <u>Premier Kitchen and Bath, Inc.</u>	
3. Principal Office Address <u>1833 Cranston Street</u>		City <u>Cranston</u>	State <u>RI</u>
		Zip <u>02920</u>	
4. NAICS Code <u>444190</u>	6. Brief description of the character of business conducted in Rhode Island <u>Retail Sales of Kitchen and bathroom Cabinetry.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Michael A Bert</u>		Vice-President Name <u>Sandra E Bert</u>	
Street Address <u>1833 Cranston Street</u>		Street Address <u>1833 Cranston Street</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
Secretary Name <u>Michael A Bert</u>		Treasurer Name <u>Sandra E Bert</u>	
Street Address <u>1833 Cranston Street</u>		Street Address <u>1833 Cranston Street</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Michael A Bert</u>		Director Name <u>Sandra E Bert</u>	
Street Address <u>1833 Cranston Street</u>		Street Address <u>1833 Cranston Street</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <u>500</u>		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.		NUMBER OF SHARES <u>500</u>	CLASS/SERIES <u>CNP</u>
Changes require an additional filing.			PAR VALUE <u>X</u>
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 <u>Michael A Bert</u>		Date <u>1/24/25</u>	
Signature of Authorized Representative <u>Michael A Bert</u>		<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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