



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
14

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

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

FEB 27 2025

BY 20319

GHM 530- Revised 12/2020