



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000013239</b>		2. Exact name of the Corporation <b>SPECIALTIES INC</b>	
3. Principal office address <b>295 WILLIAM HENRY ROAD</b>		City <b>NORTH SCITUATE</b>	State <b>RI</b>
		Zip <b>02857</b>	
4. Business Phone No. <b>401-821-3217</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief description of the character of business conducted in Rhode Island <b>REMODELING CONTRACTOR</b>			
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
President Name <b>MILTON WILCOX</b>		Vice-President Name	
Street Address <b>295 WILLIAM HENRY ROAD</b>		Street Address	
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		500	COMMON
			NO PAR

2014 OCT 15 AM 11:22  
 SECRETARY OF STATE  
 CORPORATIONS DIV

*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.*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

OCT 15 2014

By 234288

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.

*Milton Wilcox* 10/14/14  
 Signature of Authorized Representative Date

*Milton Wilcox*  
 Print or Type Name of Authorized Representative

A.A. 11:24 A.M.