

FEB 21 2023

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**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 2023**

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.<br><b>000099112</b>  |                    | 2. Exact name of the Corporation<br><b>Kitchens by Design, Inc.</b> |   |                    |                     |
| 3. Principal office address<br><b>2143 Hartford Avenue</b>  |                    |   | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b> |
| 4. Business Phone No.<br><b>401-934-1180</b>  |                    |   | 5. State of Incorporation<br><b>Rhode Island</b>                    |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Kitchen Design and Retail Sales of Kitchen Cabinets and Title etc.</b> <span style="float: right;"><b>541410</b></span> |                    |   |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                    |                     |
| President Name<br><b>Donato A. Talone</b>   |                    |   | Vice-President Name   |                    |                     |
| Street Address<br><b>220 Westcott Road</b>  |                    |   | Street Address  |                    |                     |
| City<br><b>Scituate</b>   | State<br><b>RI</b> | Zip<br><b>02857</b>   | City  | State              | Zip                 |
| Secretary Name  |                    |   | Treasurer Name  |                    |                     |
| Street Address  |                    |   | Street Address  |                    |                     |
| City  | State              | Zip   | City  | State              | Zip                 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                    |                     |
| Director Name   |                    |   | Director Name   |                    |                     |
| 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                     |
| 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       | PAR VALUE           |
|   |                    |   | 1000  | Common             | None                |

*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.*

|  |
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| File Date _____                        |
| Check No _____                         |
| By: _____                              |
| <b>FOR SECRETARY OF STATE USE ONLY</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.

*Donato A. Talone*  
 Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_  
**Donato A. Talone**  
 Print or Type Name of Authorized Representative