



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

**Annual Report for the year: 2024**  
**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**  
 FEB 23 2024  
 BY: *[Signature]*

1. Entity ID Number 000099112		2. Exact name of the Corporation Kitcherby Design, Inc.			
3. Principal Office Address 2143 Hartford Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Kitchen Design & Retail Sales of Kitchen Cabinets and Tile, etc.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Donato A. Talone			Vice-President Name		
Street Address 220 Westcott Road			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an 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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		Common	None
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. <i>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.</i>					
Name of Authorized Representative Donato A. Talone				Date 2/15/24	
Signature of Authorized Representative <i>[Signature]</i>					