RI SOS Filing Number: 200700632910 Date: 09/18/2007 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

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SECRETARY OF STATE
CORPORATIONS DIV

1. Corporate ID No. 34009

2. Name of Corporation D & V Woodworking & Lumber Corp.

3. Street Address Principal Business Office 109B Fletcher Avenue

City Cranston *State* RI *Zip* 02920

4. Business Phone No. 401 647 9690

5. State of Incorporation Rhode Island

6. SIC Code 836

7. Brief Description of the Character of Business Conducted in Rhode Island
wood products for industry

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Anthony M. Valente
Street Address 109B Fletcher Avenue
City Cranston *State* RI *Zip* 02920

Vice President Name Anthony M. Valente
Street Address same
City same *State* RI *Zip* same

Secretary Name Anthony M. Valente
Street Address same
City same *State* same *Zip* same

Treasurer Name Anthony M. Valente
Street Address same
City same *State* same *Zip* same

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CORPORATIONS DIV

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Anthony M. Valente
Street Address same
City same *State* same *Zip* same

Director Name Anthony M. Valente, Jr.
Street Address same
City same *State* same *Zip* same

Director Name Sandra Zayat
Street Address same
City same *State* same *Zip* same

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
600	no par common	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	common	no par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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SEP 18 2007
By 037105 11:24

File Date:

Check No.:

By:

13627-4-178285
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Anthony M. Valente *Date* 7-24-07

Print or Type Name of Officer Anthony M. Valente

Title of Officer President

Form 630 12/01