



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101893		2. Name of Corporation Wood Frame Structures, Inc.		
3. Street Address Principal Business Office P.O. Box 56		City Warren	State RI	Zip 02885
4. Business Phone No. (401) 254-1411		5. State of Incorporation Rhode Island		6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF CONSTRUCTION RESIDENTIAL AND COMMERCIAL BUILDINGS</b>				

<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Ronald J. Louro			Vice President Name Ronald J. Louro		
Street Address P.O. Box 56			Street Address P.O. Box 56		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Ronald J. Louro			Treasurer Name Ronald J. Louro		
Street Address P.O. Box 56			Street Address P.O. Box 56		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885

<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Ronald J. Louro			Director Name NONE		
Street Address P.O. Box 56			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

<b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) [ ]</b>			<b>11. SHARES ISSUED (X BOX FOR ATTACHMENT) [ ]</b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	COMMON NO PAR VALUE		500	COMMON	NO PAR

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



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<b>FILED</b>	
File Date	<b>JAN 23 2008</b>
Check No.	<b>14057 mnc</b>
By:	<b>BY 14057 mnc</b>
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.

*Ronald J. Louro*      1/16/08  
Signature of Officer      Date

**Ronald J. Louro**  
Print or Type Name of Officer

**President**  
Title of Officer