



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 138877		2. Name of Corporation WOOD RIVER REMODELING CO. INC			
3. Street Address Principal Business Office 674 HAZARD ROAD			City WEST GREENWICH	State R.I.	Zip 02817
4. Business Phone No. 401-		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TRANSACTIONING A GENERAL REAL PROPERTY CONTRUCTION,REMODELING AND RECONSTRUCTION BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SCOTT H. PARKS			Vice President Name KERRI A. PARKS		
Street Address 674 HAZARD ROAD			Street Address 674 HAZARD ROAD		
City WEST GREENWICH	State R.I.	Zip 02817	City WEST GREENWICH	State R.I.	Zip 02817
Secretary Name KERRI A. PARKS			Treasurer Name SCOTT H. PARKS		
Street Address 674 HAZARD ROAD			Street Address 674 HAZARD ROAD		
City WEST GREENWICH	State R.I.	Zip 02817	City WEST GREENWICH	State R.I.	Zip 02817
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		200	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.

File Date **FILED**  
Check No. **MAR 31 2009**  
By: **DS11537**  
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 *Scott Parks* Date *3/15/08*  
Print or Type Name **Scott Parks**  
Title **president**