



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. 44827		2. Name of Corporation WOODCRAFT PRODUCTIONS, LTD.			
3. Street Address Principal Business Office 3 WARREN STREET			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. (401) 232-2372		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING & SALE OF WOOD ROOFING'S SIDING PRODUCTS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILFRED H. POLIQUIN			Vice President Name - NONE -		
Street Address 3 WARREN ST.			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name WILFRED H. POLIQUIN			Treasurer Name - NONE -		
Street Address - SAME AS ABOVE -			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NO DIRECTORS			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
500	COMM	NO PAR VALUE	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.

FILED

File Date

Check No. APR 09 2008

By: DS Yano

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: WILFRED H. POLIQUIN Date: April 1, 2008

Print or Type Name: WILFRED H. POLIQUIN

Title: Pres / Sec.