



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 falling 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 fe	e of \$25.00.				
1. Corpo	Corporate ID No. 2. Name of Corporation						
	125380	C.K. JANUAR	Y, WOODWORK CO	) <b>.</b>			
3. Street	Address Principal Business O			City	State	Zip	
1 FOURTH STREET				PORTSMOUTH	RI	02871	
4. Busin	ess Phone No.		5. State of Incorporation				
	474-4079		RHODE ISLAND			* .* *	
б. Brief l	Description of the Character o	f Business Conducted in Rh	oode Island				
		NSTRUCTION AN OF THE OFFICERS:	D CABINETRY ("X" BOX FOR ATTA	<i>ÇHMENT</i> ) □ FILL IN SPACE	S BEFORE USING AT	ACHMENTS	
Presiden	t Name			Vice President Name			
	CHARLESSK. JA	NUARY		NONE			
Street Ac	tdress			Street Address			
	1 FOURTH STRE	ET					
City		State	Zip	City	State	Ζip	
	PORTSMOUTH	l RI	02871		.]		
Secretar	y Name			Treasurer Name			
	CHARLES K. JA	NUARY	···	CHARLES K. JANUARY			
Street Address				Street Address			
	1 FOURTHSTREET			1 FOURTH STREET			
City		State	Zip	City	State	Zip	
	PORTSMOUTH	l RI	02871	PORTSMOUTH	RI CEC PECOPE USING A	02871	
		OF THE DIRECTORS	E CX BOX FOR ALL	TACHMENT)   FILL IN SPA	CES BEFORE USING A	inde: 12 - 10 july	
Director		NTT 4 TNTZ		•			
CHARLES K. JANUARY				NONE  Street Address			
Street Ac				Sireel Nauress			
	1 FOURTH STRE		716	City	State	Zip	
City		State	Zip	City	Sinte	2.4	
	PORTSMOUTH	lRI	J02871	Director Name	.4		
Director	Name			Different (16/16)			
<u> </u>	NONE			NONE Street Address			
Street Au	ddress		**	Siret Maares			
City		State	Zip	City	State	Zip	
1.47 3794	ARES AUTHORIZED (	 "X" BOX FOR ATTAC	HMENT)	10. SHARES ISSUED CX	MERSON STORY OF THE SECRETARY AND	WO O	
<u> </u>	of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
Manager		Change of the Control	PAR VALUE	100	COMMON	NO PAR VALUE	
	- 2 -			100 52570	r richt en en en	EN 5 3 WEB	
						<u> </u>	
This re	eport must be executed	on behalf of the corp	oration by an authorize	ed representative. If the corpor	ation is in the hands of	a receiver or trustee,	
this re	port must be executed	on behalf of the corpo	oration by the receiver	or trustee.			

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Under penalty of perjury, I of including any accompanying	declare and affirm that	I have examined this report,
contained herein are true an		
- harles	Man	<u> 1 530.00</u>
Signature		Date
CHARLES K	JANUARY	
Print or Type Name		
PRESIDENT		
Title		Form 630 Rev. 12/06