

L. Corporate ID No.

Street Address Principal Business Office 120 CHESTNUT STREET

18633

A. Ralph Mollis, Secretary of State Corporations Division

Tis B. Rwer Street

Providence, £1 02904-2615 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2. Name of Corporation
WOOD RIDGE, INC.

2009

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.

120 CHESTNUT STREET			CENTRAL FALLS	State RI	Zφ 02863
4. Business Phone No. 5. State of Incorpora 401-723-4220 Rhode Island		tion			
6. Brief Description of the C GENERAL BUSINE	Character of Business Conducte SS OF WOODWORKI	ed in Rhode Island NG			
			TTACHMENT) [FILL IN SPA	CES BEFORE USING	ATTACHMENTS
RICHARD V. CORBEIL			Vice President Name NONE		
Street Address			Street Address		
120 Chestnut Stre					
Central Falls	State RI	^z ₽ 02863	City	State	ZΨ
Secretary Name Alfred G. Thibodeau			Treasurer Nanie Richard V. Corbeil		
Street Address 55 Pine Street			Street Address 120 Chestnut Street		
City Providence	State RI	<i>Zip</i> 02903	Gity Central Falls	State RI	Zip
8. NAMES AND ADDI	•		ATTACHMENT) FILL IN SI	^{EXI} PACES BEFORE LISIN	02863
Director Name None			Director Name	DETORE COM	O ATTACHMENTS
treet Address			Street Address		
Сиу	State	Zip	City	State	Zip
Director Name	J	J	Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zip
	ZED <i>("X" BOX POR A</i>	 TTACHMENT) []	10. SHARES ISSUED ("	X" BOX FOR ATTACI	HMENT) [
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par value	600	Common	None
This report must be ex- this report must be ex-	secuted on behalf of the ecuted on behalf of the	corporation by an author corporation by the receive	orized representative. If the corp	oration is in the hand	s of a receiver or trustee,
,		corporation by the recei	ver or mastee.		
			Under penalty of perju	ry, I declare and affirm t	that I have examined this repor
1	21 10]	commined herein are to	anying schedules and sta	itements, and that all statement
File Date	21-07		(Duhan	ditribeil	1-16-09
Check No.	16189		Signature		Date
	mna	_	Richard V. Co	rbeil	
Ву:			Print or Type Name	•	• • • • • • • • • • • • • • • • • • • •
FOR SECRETAR	Y OF STATE USE ONLY		President		
	· · · · · · · · · · · · · · · · · · ·		Title		Form 630 Rev. 12/06