



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 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.

1. Corporate ID No. 19143		2. Name of Corporation PINE GROVE WOODWORKING, INC.			
3. Street Address Principal Business Office 294 Alton Bradford Road			City Wood River Jct.	State RI	Zip 02894
4. Business Phone No. (401) 364 6567		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL AND RESIDENTIAL WOODWORKING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas F. Holberton			Vice President Name Raymond E. Arnold		
Street Address 2 Cayer Trail			Street Address P.O. Box 587		
City Wood River Jct.	State RI	Zip 02894	City Carolina	State RI	Zip 02812
Secretary Name Jennifer A. Holberton			Treasurer Name Thomas F. Holberton		
Street Address 2 Cayer Trail			Street Address 2 Cayer Trail		
City Wood River Jct.	State RI	Zip 02894	City Wood River Jct.	State RI	Zip 02894
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas F. Holberton			Director Name None		
Street Address 2 Cayer Trail			Street Address		
City Wood River Jct.	State RI	Zip 02894	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 100	Class/Series Common	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.

File Date	<b>FILED</b>
Check No.	FEB 26 2009
By	3354
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 \_\_\_\_\_ Date \_\_\_\_\_  
Print or Type Name Thomas F. Holberton  
Title \_\_\_\_\_