



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. 171056   |               | 2. Name of Corporation DAVCO Wood Products Corporation |   |               |             |
| 3. Street Address Principal Business Office<br>109B Fletcher Avenue  |               | City<br>Cranston                                       | State<br>RI   | Zip<br>02920  |             |
| 4. Business Phone No. (401) 942 1300   |               | 5. State of Incorporation Rhode Island                 |   |               |             |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>wood products   |               |  |   |               |             |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |               |  |   |               |             |
| President Name<br>Anthony M. Valente, Jr.  |               |  | Vice President Name<br>Joanne Valente                               |               |             |
| Street Address<br>109B Fletcher Avenue   |               |  | Street Address<br>same  |               |             |
| City<br>Cranston   | State<br>RI   | Zip<br>02920   | City<br>same  | State<br>same | Zip<br>same |
| Secretary Name<br>Joanne Valente   |               |  | Treasurer Name<br>Anthony M. Valente, Jr.                           |               |             |
| Street Address<br>same   |               |  | Street Address<br>same  |               |             |
| City<br>same   | State<br>same | Zip<br>same  | City<br>same  | State<br>same | Zip<br>same |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |               |  |   |               |             |
| Director Name<br>Anthony M. Valente, Jr.   |               |  | Director Name<br>Joanne Valente                                     |               |             |
| Street Address<br>same   |               |  | Street Address<br>same  |               |             |
| City<br>same   | State<br>same | Zip<br>same  | City<br>same  | State<br>same | Zip<br>same |
| Director Name  |               |  | Director Name   |               |             |
| Street Address   |               |  | Street Address  |               |             |
| City   | State         | Zip  | City  | State         | Zip         |
| 9. SHARES AUTHORIZED 1000 common no par value  |               |  | 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 MUST BE COMPLETED                      |               |             |
|  |               |  | Number of Shares  | Class/Series  | Par Value   |
|  |               |  | 100   | 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.                       |       |
| By: MAR 02 2009                 |       |
| 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 Anthony Valente Jr Date 2-27-09

Anthony Valente, Jr.

Print or Type Name  
President

Title