



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 2010

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. 101893		2. Name of Corporation WOOD FRAME STRUCTURES, INC.			
3. Street Address Principal Business Office P.O. Box 56			City Warren	State RI	Zip 02885
4. Business Phone No. (401) 254-1411		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF CONSTRUCTION RESIDENTIAL AND COMMERCIAL BUILDINGS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ronald J. Louro			Vice President Name Ronald J. Louro		
Street Address P.O. Box 56			Street Address P.O. Box 56		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Ronald J. Louro			Treasurer Name Ronald J. Louro		
Street Address P.O. Box 56			Street Address P.O. Box 56		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald J. Louro			Director Name None		
Street Address P.O. Box 56			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name None			Director Name None		
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 MUST BE COMPLETED		
			Number of Shares 500	Class/Series Common	Par Value No Par

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	2-18-2010
Check No.	15907
By:	MME
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: 2/11/10
 Ronald J. Louro
 Print or Type Name
 President
 Title