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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.	2. Name of Corporation		
128306	HERITAGE WOODWORKS INC.		
3. Street Address Principal Business Office	City	State	Zip
74 TANAGER ROAD	SEEKONK	MA	02771-2708
4. Business Phone No.	5. State of Incorporation		
~~508-761-0707~~ 508-965-5321	MASSACHUSETTS		

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PRODUCE WOOD FURNITURE AND OTHER WOOD PRODUCTS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
ANTHONY F. VARONE, JR.	74 TANAGER ROAD	SEEKONK	MA	02771

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
ANTHONY F. VARONE, JR.	74 TANAGER ROAD	SEEKONK	MA	02771

Treasurer Name	Street Address	City	State	Zip
ANTHONY F. VARONE, JR.	74 TANAGER ROAD	SEEKONK	MA	02771

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
ANTHONY F. VARONE, JR.	74 TANAGER ROAD	SEEKONK	MA	02771

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON/VOTING	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.

[redacted] [redacted]

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.

Anthony F. Varone Jr. 2/22/10
Signature *Date*

ANTHONY F. VARONE, JR.
Print or Type Name

[redacted] PRESIDENT
Title

File Date **FILED**
Check No. FEB 22 2010
By: By 2046
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45557-26-482485

Form 630 Rev. 08/08