



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 2011

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. 128306		2. Name of Corporation HERITAGE WOODWORKS, INC.			
3. Street Address Principal Business Office 74 Tanager Road			City SEEKONK	State MA	Zip 02771-2708
4. Business Phone No. 508-761-0707 965-5321		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTHONY F. VARONE, JR.			Vice President Name NONE		
Street Address 74 Tanager Road			Street Address		
City SEEKONK	State MA	Zip 02771	City	State	Zip
Secretary Name ANTHONY F. VARONE, JR.			Treasurer Name ANTHONY F. VARONE, JR.		
Street Address 74 Tanager Road			Street Address 74 Tanager Road		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANTHONY F. VARONE, JR.			Director Name		
Street Address 74 Tanager Road			Street Address		
City SEEKONK	State MA	Zip 02771	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 MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON/VOTING	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.

FILED

File Date **MAR 02 2011**
 Check No. **By** *[Signature]*
 By: **2138**
 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]
 Signature Date
 ANTHONY F. VARONE, JR.
 Print or Type Name
 PRESIDENT
 Title