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.	2. Name of Corporation		
44827	WOODCRAFT PRODUCTIONS, LTD.		
3. Street Address Principal Business Office	City	State	Zip
3 WARREN ST.	SMITHFIELD	RI	02917
4. Business Phone No.	5. State of Incorporation		
(401) 232-2372	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
WHOLESALE WOOD SHAKES & SHINGLES & CUSTOM MANUFACTURING OF SAME

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

President Name	Vice President Name
WILFRED H. POLIQUIN	- NONE -
Street Address: 3 WARREN ST.	Street Address:
City: SMFLD State: RI Zip: 02917	City: State: Zip:
Secretary Name: WILFRED H. POLIQUIN	Treasurer Name: - NONE -
Street Address: SAME AS ABOVE	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name	Director Name
- NONE -	
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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CORPORATIONS DIV.

9. SHARES AUTHORIZED
500 COM. NO PAR VALUE

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

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
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.

[redacted]

FILED

File Date: APR 11 2011
Check No.: By: mmc
By: A 4748 P 4749

FOR SECRETARY OF STATE USE ONLY

[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.

Signature: _____ Date: April 1, 2011

WILFRED H POLIQUIN
Print or Type Name

Pres/Sec
Title

Form 630 Rev. 08/08