



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 2012**

**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. 119358		2. Name of Corporation OLD HARMONY CABINET CO.			
3. Street Address Principal Business Office 7 OLD HARMONY ROAD			City NORTH SCITUATE	State RI	Zip 02857
4. Business Phone No. 934-3366		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island FINISH CARPENTRY, CABINET MAKING AND CUSTOM WOODWORKING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM BRYANT			Vice President Name WILLIAM BRYANT		
Street Address 7 OLD HARMONY ROAD N SCITUATE RI 02857			Street Address 7 OLD HARMONY ROAD N SCITUATE RI 02857		
Secretary Name SUSAN BRYANT			Treasurer Name WILLIAM BRYANT		
Street Address 7 OLD HARMONY ROAD N SCITUATE RI 02857			Street Address 7 OLD HARMONY ROAD N SCITUATE RI 02857		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City State Zip			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	Class/Series	Par Value
			50	COMMON	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: FEB 06 2012

Check No. 1866

By: \_\_\_\_\_

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: 1-30-12

WILLIAM BRYANT

Print or Type Name

PRESIDENT

Title