



**State of Rhode Island and Providence Plantations**  
**Office of the Secretary of State**

Division Of Business Services  
 148 W. River Street  
 Providence RI 02904-2615  
 (401) 222-3040

Fee: \$50.00

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**Business Corporation Annual Report**  
 Filing Period: January 1 - March 1

[?](#) Help with this form

*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.*

**ANNUAL REPORT YEAR:**

**1. Corporate ID No.**

**2. Name of Corporation**

**3. Street Address Principal Business Office:**

No. and Street:

City or Town:  State:  Zip:  Country:

**4. Business Phone No.**

**5. State of Incorporation**

State:

**6. Brief Description of the Character of Business Conducted in Rhode Island**

CABINET MAKING, ARCHITECTURAL MILLWOR SHOP.

**FILED**  
 FEB 09 2012  
 By MNC  
 CA # 10044

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

	Title	Individual Name	Address

Delete		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	WILLIAM J NAGLE III	210 OLD AIRPORT ROAD MIDDLETOWN, RI 02915- USA

Select From Below  Title:

First Name:  Middle Name:  Last Name:  Suffix:

Address:  City:  State:  Zip:  Country:

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	1,000.00	0.00

**9. 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.**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name:

Business Name:

No. and Street:   Principal Office

City or Town:  State:  Zip:  Country:

Contact Phone:  ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 1 Day of February, 2012 at 12:35:54 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By   
Signature of Authorized Representative of the Corporation

Title

**FILED**  
FEB 09 2012  
By   
# 110435