

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 fe	e of \$25.00.				
1. Corporate 1D No. 124864	2. Name of Corporation MILLWORK ONE, INC.					
3. Street Address Principal Business Office 60 KENNEY DRIVE		City CRANSTON	State RI	<i>2ip</i> 02920		
4. Business Phone No. 5. State of Incorporation 401-738-6990 RHODE ISLAND		RHODE ISLAND				
6. Brief Description of the Character of TO ENGAGE IN THE MILL	WORK BUSINESS					
7 NAMES AND ADDRESSES OF THE OFFICERS (*X****BOX)FOR ATT/ President Name JOHN FISH			OHMENT): FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name			
Stroet Address 60 KENNEY DRIVE		Street Address				
City CRANSTON	State RI	<i>zւ</i> ր 02920	City	State	Zip	
Secretary Name THERESE M. ADAMS			Treasurer Name JOHN M. ADAMS			
Street Address 60 KENNEY DRIVE		Street Address 60 KENNEY DRIVE				
City CRANSTON	State RI	<i>Ζւբ</i> 02920	City CRANSTON	State RI	<sup>Zip</sup> 02920	
8 NAMES AND ADDRESSES OF THE DIRECTORS; (*X** BOX FOR AT Director Name  JOHN M. ADAMS			ACHMENTS BILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address P.O. BOX 1298			Street Address CE CC R			
SAGAMORE BEACH	State MA	<i>z</i> ф 02562	City	State	POR POR POR	
Director Name			Director Name 5 ARC			
Street Address			Street Address			
City	State	Zip	City	State	Zip : 56	
9 SHARES AUTHORIZED CX BOX FOR ATTACHMENT) AUTHORIZED SHARES		10: SHARES ISSUED: ("X" BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000	COMMON	\$1.00	1,110	COMMON	\$1.00 LETEN	
			THIS SECTION MUST BE SCHOOL FIFT			
	L . L . L . E . L	anatian bu an authorina	d representative If the corner	ation is in the hands of t	receiver or trustee	

This report must be executed on behalf of the corporation by an authorized representative. If the corpora this report must be executed on behalf of the corporation by the receiver or trustee.

	FILED 156	Under penalty of perjury, Lacclare and affirm the including any accompanying schedules and state	nat I have examined this report, ements, and that all statements
	FEB 1 5 2012	Signature  JOHN FISH	2/13/12 Date
By Rorsecretary of State USE ONLY		Print or Type Name PRESIDENT Title	Form 630 Rev. 12/06