

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.

I. Corporate ID No. 119446		2. Name of Corporation K & A Woodworking, Inc.			
3. Street Address Principal Business Office 99 Douglas Pike			North Smithfield	State RI	^{Zip} 02896
4. Business Phone No. 5. State of Incorporation RI					
 Brief Description of the Char remodeling, light cons 		eted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Anne Poirier			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Kenneth Poirier		
Street Address 99 Douglas Pike			Street Address 99 Douglas Pike		
_{City} N. Smithfield	State RI	^{Zip} 02896	City N. Smithfield	State RI	^{Zip} 02896
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
3. NAMES AND ADDR	ESSES OF THE DIRE	ECTORS: ("X" BOX FOR A	TTACHMENT) FILL IN Director Name	SPACES BEFORE USIN	NG ATTACHMENTS
Street Address			Street Address		
<i>Itty</i>	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
. SHARES AUTHORIZ	ZED	I	10. SHARES ISSUED ISSUED SHARES — THIS SEC		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes requirenstruction sheet.	e an additional filing	See Section 9 of	500	common	no par value
This report must be exc	ecuted on behalf of the	ne corporation by an author e corporation by the receive	zed representative. If the co	orporation is in the hand	Is of a receiver or trus

This report must be executed on behalf of the corporation by an this report must be executed on behalf of the corporation by the	authorized representative. If the corporation is in the hands of a receiver or trustee, receiver or trustee.
	Under penalty of perjuty, I declare and affirm that I have examined this repor
File Date FEB 2 2 2012	including any accompanying schedules and statements, and that all statement contained herein are true and correct.
Check No. By MMC	Anne Poirier
By:	Print or Type Name
COR SECRETARY OF STATE LIST ONLY	President
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08