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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. 171056	2. Name of Corporation DAVCO Wood Products Corporation				
3. Street Address Principal Business Office 109B Fletcher Ave			City Cranston	State RI	Zip 02920
4. Business Phone No. 942 1300	5. State of Incorporation Rhode Island				
6. Brief Description of the Character of Business Conducted in Rhode Island any lawful business					

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

President Name Anthony M. Valente, Jr.			Vice President Name Joanne Valente		
Street Address 109B Fletcher Avenue			Street Address same		
City Cranston	State RI	Zip 02920	City same	State same	Zip same
Secretary Name Joanne Valente			Treasurer Name Anthony M. Valente, Jr.		
Street Address same			Street Address same		
City same	State same	Zip same	City same	State same	Zip same

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

Director Name Anthony M. Valente, jr.			Director Name Joanne Valente		
Street Address same			Street Address same		
City same	State same	Zip same	City same	State same	Zip same
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

1000 common no par

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	common	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.

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.

Anthony M Valente 2-21-12
Signature *Date*

Anthony M. Valente, Jr.
Print or Type Name

President
Title

FILED
File Date FEB 23 2012
Check No.
By: BY 2521
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Form 630 Rev. 08/08

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