



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 33060		2. Exact name of the Corporation Narragansett Housewrights Inc.		
3. Principal office address 80 Dean Knauss Drive		City Narragansett	State RI	Zip 02882
4. Business Phone No. 401-789-1748		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Architectural Millwork and Layout				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael Rand		Vice-President Name		
Street Address 198 Indian Trail		Street Address		
City Saunderstown	State RI	Zip 02874	City	State Zip
Secretary Name		Treasurer Name Michael Rand		
Street Address		Street Address 198 Indian Trail		
City	State	Zip	City Saunderstown	State RI Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Michael Rand		Director Name		
Street Address 198 Indian Trail		Street Address		
City Saunderstown	State RI	Zip 02874	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED 200 Common		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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		200	Common	No Par Value

FILED

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.

File Date **MAR 07 2012**

Check No _____
 By: _____ **1059**

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] **02/13/2012**
 Signature of Authorized Representative Date

Michael Rand

Print or Type Name of Authorized Representative

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