



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 2013

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. 12427		2. Exact name of the Corporation Turnquist Lumber Co., Inc.		
3. Principal office address C/O Alfred G. Turnquist, 97 Winsor Rd		City Foster	State RI	Zip 02825
4. Business Phone No. 0		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Inactive				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Alfred G. Turnquist		Vice-President Name		
Street Address 97 Winsor Road		Street Address		
City Foster	State RI	Zip 02825	City	State Zip
Secretary Name Marilyn J. Beliveau		Treasurer Name Marilyn J. Beliveau		
Street Address 365 Bowen Hill Road		Street Address 368 Bowen Hill Road		
City Greene	State RI	Zip 02827	City Greene	State RI Zip 02827
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Alfred G. Turnquist		Director Name Marilyn J. Beliveau		
Street Address 97 Winsor Road		Street Address 368 Bowen Hill Road		
City Foster	State RI	Zip 02825	City Greene	State RI Zip 02827
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED		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
		43	None	No Par Value

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 05 2013

1681

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.

Marilyn J. Beliveau **2/6/13**
Signature of Authorized Representative Date

Marilyn J. Beliveau
Print or Type Name of Authorized Representative