



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. 151186		2. Exact name of the Corporation Interior Woodworking Solutions, Inc.	
3. Principal office address 47 Pettaconsett Avenue		City Cranston	State RI
		Zip 02920	
4. Business Phone No. 401-919-5959		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island to own, operate, and maintain a business for the purpose of fabricating and installing any and all kinds and types of woodwork products			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Brian A. Franco		Vice-President Name Troy R. Beverly	
Street Address 47 Pettaconsett Avenue		Street Address 47 Pettaconsett Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Troy R. Beverly		Treasurer Name Brian A. Franco	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Brian A. Franco		Director Name Troy R. Beverly	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		1,000	
		PAR VALUE	.01

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.

FILED

FEB 21 2013

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Representative

Date

Brian A. Franco, PRESIDENT

Print or Type Name of Authorized Representative