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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.	2. Exact name of the Corporation
19143	PINE GROVE WOODWORKING, INC.

3. Principal office address	City	State	Zip
294 Alton Bradford Road	Wood River Jct.,	RI	02894

4. Business Phone No.	5. State of Incorporation
401-364-6567	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
COMMERCIAL AND RESIDENTIAL WOODWORKING

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Thomas F. Holberton	2 Cayer Trail	Wood River Jct.	RI	02894

Vice-President Name	Street Address	City	State	Zip
Raymond E. Arnold	P.O. Box 587	Carolina	RI	02812

Secretary Name	Street Address	City	State	Zip
Jennifer A. Holberton	2 Cayer Trail	Wood River Jct.	RI	02894

Treasurer Name	Street Address	City	State	Zip
Thomas F. Holberton	2 Cayer Trail	Wood River Jct.	RI	02894

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Thomas F. Holberton	2 Cayer Trail	Wood River Jct.	RI	02894
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
None				
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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.

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

FILED
MAR 19 2013
By _____
CK # 4216

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.

_____ 3/14/13
Signature of Authorized Representative — Date

Thomas F. Holberton
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
90268-1-844057