



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. 19143		2. Exact name of the Corporation PINE GROVE WOODWORKING, INC.			
3. Principal office address 294 Alton Bradford Road		City Wood River Jct.,	State RI	Zip 02894	
4. Business Phone No. 401-364-6567		5. State of Incorporation 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 Thomas F. Holberton			Vice-President Name Raymond E. Arnold		
Street Address 2 Cayer Trail			Street Address P.O. Box 587		
City Wood River Jct.	State RI	Zip 02894	City Carolina	State RI	Zip 02812
Secretary Name Jennifer A. Holberton			Treasurer Name Thomas F. Holberton		
Street Address 2 Cayer Trail			Street Address 2 Cayer Trail		
City Wood River Jct.	State RI	Zip 02894	City Wood River Jct.	State RI	Zip 02894
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Thomas F. Holberton			Director Name None		
Street Address 2 Cayer Trail			Street Address		
City Wood River Jct.	State RI	Zip 02894	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			100	Common	None

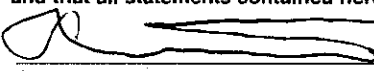
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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

FILED

MAR 19 2013

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

By: 
CA # 4216