



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. 000066262 | | 2. Exact name of the Corporation Northeast Millwork Corp | | | |
| 3. Principal office address 500 Eagleville Rd | | City Tiverton | State RI | Zip 02878 | |
| 4. Business Phone No. 401/624-7744 | | 5. State of Incorporation RI | | | |
| 6. Brief description of the character of business conducted in Rhode Island to fabricate millwork and to sell at wholesale and or retail all fabricated units and related woods | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Karen J Corr | | | Vice-President Name Peter W Corr | | |
| Street Address 1148 Main Rd | | | Street Address 1148 Main Rd | | |
| City Tiverton | State RI | Zip 02878 | City Tiverton | State RI | Zip 02878 |
| Secretary Name Karen J Corr | | | Treasurer Name Peter W Corr | | |
| Street Address above | | | Street Address above | | |
| City I | State | Zip | City | State I | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name None | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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) <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 |
| | | | 100 | Stock | 0.00 |

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

File Date _____

Check No _____

By: _____ BY 7130

FOR SECRETARY OF STATE USE ONLY

APR 23 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.

Karen Corr 4/20/13
 Signature of Authorized Representative Date

Karen Corr
 Print or Type Name of Authorized Representative