



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. <u>192340</u>		2. Exact name of the Corporation <u>Donahue Woodworks, Inc</u>			
3. Principal office address <u>270 Jericho Hill Road</u>		City <u>Smithfield</u>		State <u>RI</u>	Zip <u>02917</u>
4. Business Phone No. <u>401-334-5001</u>		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <u>Cabinet Shop</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Michael J. Donahue Sr.</u>			Vice-President Name <u>Tanya Donahue</u>		
Street Address <u>6 Rivet Drive</u>			Street Address <u>6 Rivet Dr.</u>		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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 <u>NONE</u>	CLASS/SERIES	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: \_\_\_\_\_

**FILED**

FOR SECRETARY OF STATE USE ONLY 'AUG 13 2013

Form No. 630  
Revised: 01/2012

By mne  
CA # 5719

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.

Tanya Donahue 6/28/13  
Signature of Authorized Representative Date  
Tanya Donahue  
Print or Type Name of Authorized Representative