



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 2014

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>504855</u>		2. Exact name of the Corporation <u>Seaview Custom Carpentry, Ltd.</u>			
3. Principal office address <u>124 Sea View Ave</u>			City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
4. Business Phone No. <u>401-996-9576</u>			5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Residential carpentry & property maintenance</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Glenn McCusker</u>			Vice-President Name <u>Devin McCusker</u>		
Street Address <u>124 Sea View Ave</u>			Street Address <u>124 Sea View Ave</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name <u>none</u>			Treasurer Name <u>none</u>		
Street Address <u>/</u>			Street Address <u>/</u>		
City <u>/</u>	State <u>/</u>	Zip <u>/</u>	City <u>/</u>	State <u>/</u>	Zip <u>/</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Glenn McCusker</u>			Director Name <u>/</u>		
Street Address <u>124 Sea View Ave</u>			Street Address <u>/</u>		
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>/</u>	State <u>/</u>	Zip <u>/</u>
Director Name <u>/</u>			Director Name <u>/</u>		
Street Address <u>/</u>			Street Address <u>/</u>		
City <u>/</u>	State <u>/</u>	Zip <u>/</u>	City <u>/</u>	State <u>/</u>	Zip <u>/</u>
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
			<u>100</u>	<u>COMMON</u>	<u>none</u>

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 1395

MAR 14 2014

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.

Glenn McCusker 1-9-14
 Signature of Authorized Representative Date

Glenn McCusker
 Print or Type Name of Authorized Representative