



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 509752		2. Exact name of the limited liability company Modern Woodcrafts, LLC			
3. State of Formation Connecticut		4. Brief description of the character of business conducted in Rhode Island To manufacture and install interior architecture millwork in retail, hospitality and corporate interiors.			
5. Principal office address 72 North West Drive		City Plainville	State CT	Zip 06062	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lisa Pelletier-Fekete		Contact Title President			
Street Address 72 North West Drive		City Plainville	State CT	Zip 06062	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Lisa Pelletier-Fekete		Manager Name Peter G. Spring			
Street Address 72 North West Drive		Street Address 72 North West Drive			
City Plainville	State CT	Zip 06062	City Plainville	State CT	Zip 06062
Manager Name Joe Legere		Manager Name			
Street Address 72 North West Drive		Street Address			
City Plainville	State CT	Zip 06062	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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NOV 12 2014

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CORPORATIONS DIV
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File Date _____

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By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Date

Lisa Pelletier-Fekete

Print or Type Name of Authorized Person