RI SOS Filing Number: 201581092600 Date: 09/30/2015 4:00 PM

**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 2015

**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. | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 100009 | James Thompson Native Lumber Inc | | |
| 3. Principal office address: 385 Woodville Rd | City: Hopkinton | State: RI | Zip: 02833 |
| 4. Business Phone No.: 401-377-2837 | 5. State of Incorporation: RI | | |
| 6. Brief description of the character of business conducted in Rhode Island: Sawmill + lumber yard / Mfg. of Wood Products | | | |

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | |
|---|---|---|---|
| President Name: James W Thompson | | Vice-President Name: John H Grills II | |
| Street Address: 686 Alton Carolina Rd | | Street Address: Spring St. | |
| City: Carolina | State: RI Zip: 02812 | City: Hope Valley | State: RI Zip: 02832 |
| Secretary Name: Dyanna Thompson | | Treasurer Name: Wendy Gordon | |
| Street Address: 386 Woodville Rd | | Street Address: Post Rd | |
| City: Hopkinton | State: RI Zip: 02833 | City: Westerly | State: RI Zip: 02891 |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | |
|---|---|---|---|
| Director Name: John Grills | | Director Name: Wendy Gordon | |
| Street Address: Spring St | | Street Address: Post Rd | |
| City: Hope Valley | State: RI Zip: 02832 | City: Westerly | State: RI Zip: 02891 |
| Director Name: Louie J Cimalore | | Director Name: Dyanna Thompson | |
| Street Address: Old Tavern Rd | | Street Address: 386 Woodville Rd | |
| City: Ashaway | State: RI Zip: 02804 | City: Hopkinton | State: RI Zip: 02833 |

**9. SHARES AUTHORIZED**

**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.**

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 1880 | Common | 75.00 |
| 1006 | Treasury | 85.95 |

*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**
**SEP 30 2015**
BY 381671

**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.**

James W Thompson
Signature of Authorized Representative — Date

James W. Thompson
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
LLC-1058495