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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 2016

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
33060	**NARRAGANSETT HOUSEWRIGHTS, INC.**

3. Principal office address	City	State	Zip
165 Dean Knauss Drive, Unit #2	**Narragansett**	**RI**	**02882**

4. Business Phone No.	5. State of Incorporation
401-789-1748	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Architectural Millwork and Layout

LIST ALL OFFICERS (NAMES AND ADDRESSES) BOX FOR PAYMENT ☐

President Name	Vice-President Name
Michael Rand	
Street Address: **198 Indian Trail**	Street Address:
City: **Saunderstown** State: **RI** Zip: **02874**	City: State: Zip:
Secretary Name:	Treasurer Name: **Michael Rand**
Street Address:	Street Address: **198 Indian Trail**
City: State: Zip:	City: **Saunderstown** State: **RI** Zip: **02874**

LIST ALL DIRECTORS (NAMES AND ADDRESSES) BOX FOR PAYMENT ☐

Director Name	Director Name
Michael Rand	
Street Address: **198 Indian Trail**	Street Address:
City: **Saunderstown** State: **RI** Zip: **02874**	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED **10. SHARES ISSUED** BOX FOR PAYMENT ☐

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
	200	Common	No 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:
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 07 2016
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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 Representative — Date: 3/2/16

MICHAEL RAND
Print or Type Name of Authorized Representative

Form No. 630
Revised 01/2012