



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 33060		2. Exact name of the Corporation NARRAGANSETT HOUSEWRIGHTS, INC.			
3. Principal Office Address 165 DEAN KNAUSS DRIVE, UNIT #2			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island ARCHITECTURAL MILLWORK AND LAYOUT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MICHAEL RAND			Vice-President Name		
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
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name MICHAEL RAND			Director Name		
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	COMMON	NO PAR VALUE	
11. 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.					
<i>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.</i>					
Name of Authorized Representative MICHAEL RAND			Date 1/17/2017		
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JAN 17 2017
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