



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 <u>56720</u>		2. Exact name of the Corporation <u>Hollacraft, Inc.</u>			
3. Principal Office Address <u>27 Hall Ave</u>		City <u>NEWPORT</u>		State <u>RI</u>	Zip <u>02840</u>
4. NAICS Code <u>44.45</u> <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island <u>Retail store.. closed Dec 25, 2015</u>			
5. State of Incorporation <u>NC</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Martin Woodruff</u>			Vice President Name <u>Rose Mary Lavamee</u>		
Street Address <u>10837 Hwy 16 N</u>			Street Address <u>27 Hall Ave</u>		
City <u>Graessy Creek</u>	State <u>NC</u>	Zip <u>28631</u>	City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
Secretary Name <u>X</u>			Treasurer Name <u>X</u>		
Street Address <u>X</u>			Street Address <u>X</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>1,000</u>		
			CLASS/SERIES <u>1.00</u>		
			PAR VALUE <u>1.00</u>		
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. 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.					
Name of Authorized Representative <u>Rose Mary Lavamee</u>				Date <u>2/8/17</u>	
Signature of Authorized Representative <u>Rose Mary Lavamee</u>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 15 2017
BY 4767 BS

FORM 630 - Revised: 02/2017