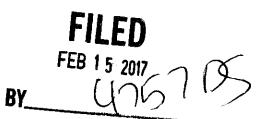
State of Rhode Island an Department of Sta			ivision		_		
Annual Report for the ye Corporation	ar:201	7	_				
→ Filing period: January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fi		iled by April 1.					
1. Entity ID Number	2. Exact name of the Corporation						
56720		Hollarcraft, INC.					
3. Principal Office Address 27 HA II AUL			City NEWP	PORT	State	D 284 D	
4. NAICS Code 44. 45 Retail Sture Closed Dec 25, 2015 5. State of Incorporation							
7. List ALL officers (names and addresses) Check the box to indicate an attachme President Name							
Martin Woodrubb			Vice-President Name NOSC Mary Laugnec Street Address				
10837 HWY 16 N			27 Hall Ave				
City Grassy (reek	State U	28631	City	port	State	02840	
Secretary Name Tre				Treasurer Name			
Street Address				Street Address			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Director Name				Check the box to indicate an attachment			
Director Name				Director Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name	•			
Street Address S				Street Address			
0							
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of record	l in the	10. Shares Issue NUMBER OF SH	d	Check th	e box to indi	cate an attachment	
Department of State.		1 000		CLASS/SERIES	CLASS/SERIES PAR VALUE		
Changes require an additional filing.						7	
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.							
Rose Mary Laramer					Date 7/8/	17	
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



FORM 630 - Revised: 02/2017