



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 56720		2. Exact name of the Corporation Hollacraft, Inc.			
3. Principal Office Address 27 Hall Ave			City NEWPORT	State RI	Zip 02840
4. NAICS Code 44.45 <input checked="" type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island Retail store.. closed Dec 25, 2015			
5. State of Incorporation NC					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martin Woodruff			Vice-President Name Rose Mary Lavamee		
Street Address 10837 Hwy 16 N			Street Address 27 Hall Ave		
City Graessy Creek	State NC	Zip 28631	City NEWPORT	State RI	Zip 02840
Secretary Name 			Treasurer Name 		
Street Address			Street Address		
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 1,000	CLASS/SERIES	PAR VALUE 1.00
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 Rose Mary Lavamee				Date 2/8/17	
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

FILED
 FEB 15 2017
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