



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.

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BUS SVCS DIV
2017 FEB 23 PM 1:59

1. Entity ID Number 139398		2. Exact name of the Corporation Brouillette Woodworking Company, Inc.			
3. Principal Office Address 48 Barrington Avenue		City Barrington		State RI	Zip 02806
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF CARPENTRY, GENERAL CONTRACTING AND WOODWORKING				
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 Donald Brouillette			Vice-President Name		
Street Address 48 Barrington Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Donald Brouillette			Treasurer Name Donald Brouillette		
Street Address 48 Barrington Avenue			Street Address 48 Barrington Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Check the box to indicate an attachment <input type="checkbox"/>					
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 CLASS/SERIES PAR VALUE		
			100	Common	No Par
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 Donald Brouillette <i>Donald Brouillette</i>					Date 2/16/17
Signature of Authorized Representative <i>Donald Brouillette</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FEB 24 2017

BY 1885 DS

FORM 630 - Revised: 10/2016