



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 000151186		2. Exact name of the Corporation Interior Woodworking Solutions, Incc.												
3. Principal Office Address 47 Pettaconsett Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island To own, operate, and maintain a business for the purpose of fabricating any and all kinds and types of wodwork products.													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Brian A. Franco			Vice-President Name Troy R. Beverly											
Street Address 47 Pettaconsett Avenue			Street Address 47 Pettaconsett Avenue											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name Brian A. Franco			Treasurer Name Troy R. Beverly											
Street Address 47 Pettaconsett Avenue			Street Address 47 Pettaconsett Avenue											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Brian A. Franco			Director Name Troy R. Beverly											
Street Address 47 Pettaconsett Avenue			Street Address 47 Pettaconsett Avenue											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
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.			10. Shares Issued Check the box to indicate an attachment ☐											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>STK</td> <td>\$ 0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	STK	\$ 0.0100			
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1,000	STK	\$ 0.0100												
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 Brian A. Franco					Date 2/27/17									
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

MAR 01 2017

FORM 630 - Revised: 02/2017

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