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	2. Exact name of the Corporation
000151186	**Interior Woodworking Solutions, Incc.**

3. Principal Office Address	City	State	Zip
47 Pettaconsett Avenue	**Cranston**	**RI**	**02920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33 - Manufacturing	**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. Bevverly**		
Street Address **47 Pettaconsett Avenue**			Street Address **47Pettaconsett 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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Brian A. Franco	**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
BY 4471 DS

FORM 630 - Revised: 02/2017