



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 128306		2. Exact name of the Corporation HERITAGE WOODWORKS, INC.			
3. Principal Office Address 74 TANAGER ROAD			City SEEKONK	State MA	Zip 02771-2708
4. NAICS Code 23	6. Brief description of the character of business conducted in Rhode Island TO PRODUCE WOOD FURNITURE AND OTHER WOOD PRODUCTS				
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ANTHONY F. VARONE, JR.			Vice-President Name ANTHONY F. VARONE, JR.		
Street Address 74 TANAGER ROAD			Street Address 74 TANAGER ROAD		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name ANTHONY F. VARONE, JR.			Treasurer Name ANTHONY F. VARONE, JR.		
Street Address 74 TANAGER ROAD			Street Address 74 TANAGER ROAD		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name ANTHONY F. VARONE, JR.			Director Name		
Street Address 74 TANAGER ROAD			Street Address		
City SEEKONK	State MA	Zip 02771	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		CLASS/SERIES
			100		COMMON/VOTING
					PAR VALUE NO PAR VALUE
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 <i>Anthony F. Varone Jr.</i>					Date 2/28/17
Signature of Authorized Representative <i>Anthony F. Varone Jr.</i>					

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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