



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 35893		2. Exact name of the Corporation THOMPSON WOODWORKING & DESIGN, INC			
3. Principal Office Address 100 DUPONT DRIVE		City PROVIDENCE		State RI	Zip 02907
4. NAICS Code 337110		6. Brief description of the character of business conducted in Rhode Island ARCHITECTURAL WOODWORKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name IAN THOMPSON			Vice-President Name NONE		
Street Address 100 DUPONT DRIVE			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name IAN THOMPSON			Treasurer Name IAN THOMPSON		
Street Address 100 DUPONT DRIVE			Street Address 100 DUPONT DRIVE		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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 150		CLASS/SERIES COMMON		PAR VALUE 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 IAN THOMPSON			Date MARCH 1, 2017		
Signature of Authorized Representative			FILED MAR 06 2017 BY 25953		