



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 93326		2. Exact name of the Corporation JRB Cabintetmaking, Inc.			
3. Principal Office Address 182 Potter Hill Road		City Westerly		State RI	Zip 02891
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island General 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 John R. Bennett			Vice-President Name John R. Bennett		
Street Address 182 Potter Hill Road			Street Address 182 Potter Hill Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Bonnie G. Bennett			Treasurer Name Bonnie G. Bennett		
Street Address 182 Potter Hill Road			Street Address 182 Potter Hill Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John R. Bennett			Director Name		
Street Address 182 Potter Hill Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name Bonnie G. Bennett			Director Name		
Street Address 182 Potter Hill Road			Street Address		
City Westerly	State RI	Zip 02891	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	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 John R. Bennett			Date 3/4/2017		
Signature of Authorized Representative <i>John R. Bennett</i>			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov