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
108050	**Cedarhurst Woodworks, Inc.**

3. Principal Office Address	City	State	Zip
61 Corey Avenue	**North Kingstown**	**RI**	**02852**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	**Custom home builders and home renovators**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Shawn Ward**			Vice-President Name **Shawn Ward**		
Street Address **393 Laurel Ridge Lane**			Street Address **393 Laurel Ridge Lane**		
City **North Kingstown**	State **RI**	Zip **02852**	City **North Kingstown**	State **RI**	Zip **02852**
Secretary Name **Matthew Mirandou**			Treasurer Name **Shawn Ward**		
Street Address **17 Lillibridge Drive**			Street Address **393 Laurel Ridge Lane**		
City **East Greenwich**	State **RI**	Zip **02818**	City **North Kingstown**	State **RI**	Zip **02852**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**300**	**CWP**	**$1.00**

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
Shawn Ward	3-8-17
Signature of Authorized Representative SIGN DOCUMENT HERE	

FILED
MAR 15 2017
BY

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

FORM 630 - Revised: 02/2017