



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 108050		2. Exact name of the Corporation Cedarhurst Woodworks, Inc.		
3. Principal Office Address 61 Corey Avenue		City North Kingstown	State RI	Zip 02852
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>				
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
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
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued 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.		<div style="display: flex; justify-content: space-between;"><div>NUMBER OF SHARES</div><div>CLASS/SERIES</div><div>PAR VALUE</div></div>		
		<div style="display: flex; justify-content: space-between;"><div>300</div><div>CWP</div><div>\$1.00</div></div>		
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 Shawn Ward				Date 3-8-17
Signature of Authorized Representative 				<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.2em; margin: 0;">MAR 15 2017</div> <div style="font-size: 1.5em; margin: 0;">BY </div>
<small>SIGN DOCUMENT HERE</small>				

MAIL TO:
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