



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2016**

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 96179		2. Exact name of the Corporation HAUSER WOOD PRODUCTS												
3. Principal Office Address 60 ISTHMUS RD			City FOSTER	State RI	Zip 02825									
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island SAWMILL													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name PHILIP N. HAUSER			Vice-President Name SUSAN D. HAUSER											
Street Address SAA			Street Address SAA											
City	State	Zip	City	State	Zip									
Secretary Name SUSAN D. HAUSER			Treasurer Name SUSAN D. HAUSER											
Street Address SAA			Street Address SAA											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name PHILIP N. HAUSER			Director Name SUSAN D. HAUSER											
Street Address SAA			Street Address SAA											
City	State	Zip	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"/>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>COMMON</td> <td>NONPAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	COMMON	NONPAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	COMMON	NONPAR												
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 SUSAN D. HAUSER				Date 6/29/2017 7/13/17										
Signature of Authorized Representative <i>[Signature]</i>														

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

FILED

AUG 15 2017

10:54

BY CA 310212