



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2014
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			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.			NUMBER OF SHARES		
			CLASS/SERIES		
			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. <i>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.</i>					
Name of Authorized Representative SUSAN D. HAUSER				Date 6/29/2017	
Signature of Authorized Representative 					

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

FILED

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

AUG 15 2017

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