



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

Annual Report for the year: **2013**

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 <b>96179</b>		2. Exact name of the Corporation <b>HAUSER WOOD PRODUCTS</b>			
3. Principal Office Address <b>60 ISTHMUS RD</b>		City <b>FOSTER</b>		State <b>RI</b>	Zip <b>02825</b>
4. NAICS Code <b>31-33 - Manufacturing</b>	6. Brief description of the character of business conducted in Rhode Island <b>SAWMILL</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>PHILIP N. HAUSER</b>			Vice-President Name <b>SUSAN D. HAUSER</b>		
Street Address <b>SAA</b>			Street Address <b>SAA</b>		
City	State	Zip	City	State	Zip
Secretary Name <b>SUSAN D. HAUSER</b>			Treasurer Name <b>SUSAN D. HAUSER</b>		
Street Address <b>SAA</b>			Street Address <b>SAA</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>PHILIP N. HAUSER</b>			Director Name <b>SUSAN D. HAUSER</b>		
Street Address <b>SAA</b>			Street Address <b>SAA</b>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>200</b>		<b>COMMON</b>		<b>NONPAR</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>SUSAN D. HAUSER</b>				Date <b>6/29/2017</b>	
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 10:51**

**BY 310212**

FORM 630 - Revised: 02/2017