° s	itate of Rhode Island and Pro Office of the Secreta		5 Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222 20	treet )4-2615	
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>00012849</u>	9		
2. Exact Name of the Limited Liability Company <u>CP WOODCRAFTERS, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	e entity. Download
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	in Rhode Island
TO OWN AND OPERA	ATE A BUSINESS IN CUSTOM	<u>FRIM, FINISH WORK</u>	
5. Principal Office Addre	SS		
	TALBOT DRIVEHOBOTHState: M	<u>A</u> Zip: <u>02769</u> 0	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Pers	son:
Contact Name: Contact No. and Street: <u>12</u>	Title: TALBOT DRIVE		
City or Town: <u>REH</u>	<u>HOBOTH</u> State: <u>M</u>	<u>A</u> Zip: <u>02769</u> C	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	<sup>:</sup> Each Manager of the Limited Liak RS	ility Company, if Applic	able.
Title	Individual Name	Addres	
	First, Middle, Last, Suffix	Address, City or Town, Stat	e, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICHARD J. LAND, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 19 Day of December, 2017 at 2:38:21 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By CHARLES COLON

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved