



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

Annual Report for the year: 2018
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 000118543		2. Exact name of the Corporation Layfield Carpentry, Inc.			
3. Principal Office Address 400 Hatchery Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island General Contractor/Subcontractor for all types of Carpentry				
5. State of Incorporation Rhode Island	236118				
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Russell Layfield			Vice-President Name Russell Layfield		
Street Address 400 Hatchery Road			Street Address 400 Hatchery Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Russell Layfield			Treasurer Name Russell Layfield		
Street Address 400 Hatchery Road			Street Address 400 Hatchery Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Russell Layfield			Director Name		
Street Address 400 Hatchery Road			Street Address		
City North Kingstown	State RI	Zip 02852	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Russell Layfield					Date 1-29-18
Signature of Authorized Representative <i>Russell Layfield</i>					
SIGN DOCUMENT HERE					

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

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