



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

Annual Report for the year: 2018
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 FEB -6 PM 2:43

- 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 000019143		2. Exact name of the Corporation PINE GROVE WOODWORKING, INC.			
3. Principal Office Address 269 Alton Bradford Road			City Wood River Jct.	State RI	Zip 02894
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL AND RESIDENTIAL WOODWORKING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas F. Holberton			Vice-President Name Jennifer A. Higgins		
Street Address 2 Cayer Trail			Street Address 2 Poplar Avenue		
City Wood River Jct.	State RI	Zip 02894	City Wood River Jct.	State RI	Zip 02894
Secretary Name Jennifer A. Higgins			Treasurer Name Thomas F. Holberton		
Street Address 2 Poplar Avenue			Street Address 2 Cayer Trail		
City Wood River Jct.	State RI	Zip 02894	City Wood River Jct.	State RI	Zip 02894
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas F. Holberton			Director Name None		
Street Address 2 Cayer Trail			Street Address		
City Wood River Jct	State RI	Zip 02894	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	PAR VALUE
			100	Common	None
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 <i>Thomas F. Holberton</i>					Date 2/6/18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **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

FEB 06 2018

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