



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

FILED

FEB 07 2018

BY

41349

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. Entry ID Number 000010062		2. Exact name of the Corporation James Thompson Native Lumber Inc.			
3. Principal Office Address 385 Woodville Rd			City Hopkinton	State RI	Zip 02833
4. NAICS Code 333210		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 James W Thompson			Vice-President Name John H Grills II		
Street Address 686 Alton Caroline Rd			Street Address 8 Spring St		
City Caroline	State RI	Zip 02812	City Hope Valley	State RI	Zip 02832
Secretary Name Dyanna Thompson			Treasurer Name Wendy Gordon Thompson		
Street Address 386 Woodville Rd			Street Address PO BOX		
City Caroline	State RI	Zip 02812	City Caroline	State RI	Zip 02812
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Louis J Cimelore			Director Name Dyanna Thompson		
Street Address 2 Canonchet Rd			Street Address 386 Woodville Rd Box 185		
City Hope Valley	State RI	Zip 02832	City Hopkinton	State RI	Zip 02833
Director Name John H Grills			Director Name wendy Thompson		
Street Address 8 Spring St			Street Address PO BOX		
City Hope Valley	State RI	Zip 02832	City Caroline	State RI	Zip 02812
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	
		1880		Common	
		1006		Treasury	
				PAR VALUE	
				\$15	
				\$85	
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 James W Thompson					Date 1/30/2018
Signature of Authorized Representative					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