



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 APR -3 PM 12:49

1. Entity ID Number <b>000111353</b>		2. Exact name of the Corporation <b>WURTH BAER SUPPLY CO.</b>	
3. Principal Office Address <b>909 FOREST EDGE DRIVE</b>		City <b>VERNON HILLS</b>	State <b>IL</b>
		Zip <b>60061</b>	
4. NAICS Code <b>423310</b>	6. Brief description of the character of business conducted in Rhode Island <b>WOOD SUPPLY AND APPLICATION DISTRIBUTION</b>		
5. State of Incorporation <b>ILLINOIS</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>THOMAS O'NEILL</b>		Vice-President Name <b>PETER ZINNI</b>	
Street Address <b>909 FOREST EDGE DRIVE</b>		Street Address <b>909 FOREST EDGE DRIVE</b>	
City <b>VERNON HILLS</b>	State <b>IL</b>	City <b>VERNON HILLS</b>	State <b>IL</b>
Zip <b>60061</b>		Zip <b>60061</b>	
Secretary Name <b>CHRISTOPH LANGE</b>		Treasurer Name <b>KENNETH E. CASSIDY</b>	
Street Address <b>45 ROCKEFELLER</b>		Street Address <b>909 FOREST EDGE DRIVE</b>	
City <b>NEW YORK</b>	State <b>NY</b>	City <b>VERNON HILLS</b>	State <b>IL</b>
Zip <b>10111</b>		Zip <b>60061</b>	
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>THOMAS O'NEILL</b>		Director Name	
Street Address <b>909 FOREST EDGE DRIVE</b>		Street Address	
City <b>VERNON HILLS</b>	State <b>IL</b>	City	State
Zip <b>60061</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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
		<b>4,000</b>	<b>CNP</b>
			PAR VALUE
			<b>\$0.00</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>Thomas O'Neill</b>		Date <b>3/2/2018</b>	
Signature of Authorized Representative 			

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

APR 03 2018

BY **KL 327976**  
**18:51**

FORM 630 - Revised: 10/2017