RI SOS Filing Number: 201861496690 Date: 4/3/2018 12:50:00 PM

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

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

Annual Report for the year: 2017
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	2. Exact name of the Corporation		
000111353	WURTH BAER SUPPLY CO.		
3. Principal Office Address	City	State	Zip
909 FOREST EDGE DRIVE	VERNON HILLS	IL	60061
4. NAICS Code: 42 3310	6. Brief description of the character of business conducted in Rhode Island: WOOD SUPPLY AND APPLICATION DISTRIBUTION		
5. State of Incorporation: ILLINOIS			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: THOMAS O'NEILL			Vice-President Name: PETER ZINNI		
Street Address: 909 FOREST EDGE DRIVE			Street Address: 909 FOREST EDGE DRIVE		
City: VERNON HILLS	State: IL	Zip: 60061	City: VERNON HILLS	State: IL	Zip: 60061
Secretary Name: CHRISTOPH LANGE			Treasurer Name: KENNETH E. CASSIDY		
Street Address: 45 ROCKEFELLER			Street Address: 909 FOREST EDGE DRIVE		
City: NEW YORK	State: NY	Zip: 10111	City: VERNON HILLS	State: IL	Zip: 60061

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: THOMAS O'NEILL			Director Name		
Street Address: 909 FOREST EDGE DRIVE			Street Address		
City: VERNON HILLS	State: IL	Zip: 60061	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
	4,000	CNP	$0.000

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	Date
Thomas O'Neill	3/2/2018
Signature of Authorized Representative	

FILED
APR 03 2018
BY KL 327976

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

FORM 630 - Revised: 10/2017

12:50