



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.

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

1. Entity ID Number 000111353		2. Exact name of the Corporation WURTH BAER SUPPLY CO.			
3. Principal Office Address 909 FOREST EDGE DRIVE		City VERNON HILLS	State IL	Zip 60061	
4. NAICS Code 42 33 10	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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <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
		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 Thomas O'Neill				Date 3/2/2018	
Signature of Authorized Representative 				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

APR 03 2018

BY **KL 327976**

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FORM 630 - Revised: 10/2017