

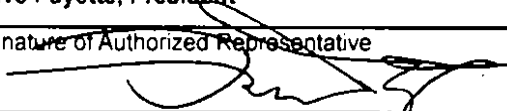



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2019
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 747871		2. Exact name of the Corporation Jutras Woodworking, Inc.			
3. Principal Office Address 56 Exchange Terrace			City Providence	State RI	Zip 02903
4. NAICS Code 321911		6. Brief description of the character of business conducted in Rhode Island To manufacture cabinets and to perform woodworking and construction of all types.			
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 Dave Payette			Vice-President Name Dave Payette and Peter Leblanc		
Street Address 56 Exchange Terrace			Street Address same as above		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Dave Payette			Treasurer Name Peter Leblanc		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Payette			Director Name Peter Leblanc		
Street Address same as above			Street Address same as above		
City	State	Zip	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	no par value	
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 Dave Payette, President				Date 1/10/19	
Signature of Authorized Representative 				SIGN DOCUMENT FILED 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

JAN 24 2019
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