( <b>F</b> )

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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.

FILED
JAN 28 2019
BY 1323

> Femalty: Additional \$25.00 le					<u>-</u>		
Entity ID Number	2. Exact name of the Corporation						
001674326	T & T Woodworkers, Inc.						
Principal Office Address	• · · · · · · · · · · · · · · · · · · ·		City		State	Zip	
500 Pond Street	Street				RI	02895	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
321999	Retail Store Fixtures						
5. State of Incorporation	1						
Rhode Island							
7. List ALL officers (names and add	resses)		•	Check th	e box to indi	cate an attachment 🗀	
President Name Boutros Tannous			Vice-President Name				
Street Address 500 Pond Street			Street Address				
City Woonsocket	State RI	<sup>Zip</sup> 02895	City		State	Zıp	
Secretary Name	1.		Treasurer Name				
Street Address			Street Address				
Сну	State	Zip	City		State	Zıp	
8 List ALL directors (names and ac	ldresses)	l	L	Check th	ne box to indi	cate an attachment	
Director Name	<del></del>		Director Name			<del></del>	
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
•			·				
Shares Authorized     This information is currently of record			J <mark>ed</mark> Shares	Check th C. ASS/SERIES	ne box to indi	cate an attachment  PAR VALUE	
Department of State.		140404, 1 01	<u>/</u>	ouround high			
Changes require an additional filing.			$\supset$	<del></del>			
goo roquiro an additional milig.		1					
11. This report must be executed o				ve. If the corpora	ation is in the	hands of a receiver or	
trustee, this report must be execute				ng any accome	anving ech	adules and	
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		
Boutros Tannous					1/25/2019		
Signature of Authorized Represent	ative	<b>C</b> , (25) (5) (7)	11886 ALL III (D)				
12000 12		31-3-4 - 105-	URA ALHERI ————————————————————————————————————				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov