



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year:

Corporation

2019

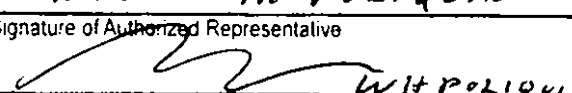
JAN 28 2019

→ Filing period: January 1 - March 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 6482

1. Entity ID Number 000044827		2. Exact name of the Corporation WOODCRAFT PRODUCTIONS, LTD			
3. Principal Office Address 3 WARREN ST		City SMITHFIELD	State RI	Zip 02917	
4. NAICS Code 333243	6. Brief description of the character of business conducted in Rhode Island CUSTOM MADE PRODUCTS RE-MANUFACTURED FROM WOOD SHINGLES (HIP & RIDGE CAP) FANCY CUT SHINGLES				
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name WILFRED H. POLIQUIN			Vice-President Name NONE		
Street Address 3 WARREN ST.			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name SAME AS ABOVE			Treasurer Name NONE		
Street Address			Street Address		
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 - NONE -			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. 500 COM NO PAR VALUE Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment: <input type="checkbox"/>		
			NUMBER OF SHARES NONE	CLASS/SERIES	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 WILFRED H. POLIQUIN				Date JAN. 23, 2019	
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

FORM 600 - Business (06/2017)