



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.

1. Entity ID Number 799002		2. Exact name of the Corporation GRIFFIN INTERIORS INC			
3. Principal Office Address 1 PRESIDENTIAL WAY - UNIT 104A			City WOBURN	State MA	Zip 01801
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island ARCHITECTURAL MILLWORK INSTALLER			
5. State of Incorporation MASSACHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JENNIFER GRIFFIN			Vice-President Name		
Street Address 1 PRESIDENTIAL WAY - UNIT 104A			Street Address		
City WOBURN	State MA	Zip 01801	City	State	Zip
Secretary Name			Treasurer Name		
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 JENNIFER GRIFFIN			Director Name		
Street Address 1 PRESIDENTIAL WAY - UNIT 104A			Street Address		
City WOBURN	State MA	Zip 01801	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	
		15000		CNP	
				PAR VALUE	
				0.00	
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. <i>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.</i>					
Name of Authorized Representative JENNIFER GRIFFIN				Date 1/31/19	
Signature of Authorized Representative <i>Jennifer Griffin</i>					

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

FILED
FEB 04 2019
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