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
FEB 1 1 2019
23/el

1. Entity ID Number	2 Exact nam	ne of the Comoratio	n	<u> </u>			
147663		2. Exact name of the Corporation R& W Woodworking, Inc.					
	1100 11 11			_	 		
3. Principal Office Address			City		State	Zip	
P.O. Box 105			Coventry		RI	02816	
NAICS Code 6 Brief description of the character of business conducted in Rhode Island General carpentry, manufacture and sales of cabinets and furniture State of Incorporation							
Rhode Island							
7. List ALL officers (names and	addresses)	<u> </u>	<u> </u>	Check	c the box to in	idicate an attachment	
President Name Vincent Roman	Vice-President Name Vincent Romano						
Street Address P.O. Box 105	Street Address P.O. Box 105						
City Coventry	State RI	^{Zip} 02816	City Coventry		i i	State RI Zip 02816	
Secretary Name Vincent Romano			Treasurer Name Vincent Romano				
Street Address P.O. Box 105			Street Address P.O. Box 105				
City Coventry	State RI	^{Zip} 02816	City Coventry		State RI	State RI Zrp 02816	
8. List ALL directors (names and	l addresses)	· · · · · · · · · · · · · · · · · · ·		Chec	k the box to in	ndicate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City	_	State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized	hares Authorized 10. Shares iss		ued Check the box to indicate an attachment □				
This information is currently of record in the		NUMBER OF SHARES		CLASS/SFRIFS PAR VA. UF			
Department of State. Changes require an additional filing.		100		Common		None	
		- -					
11. This report must be executed	on behalf of the	corporation by an a	authorized repres	sentative. If the corp	oration is in the	ne hands of a receiver or	
trustee, this report must be exec	uted on behalf of	the corporation by	the receiver or tr	ustee			
Under penalty of perjury, I dec				ncluding any acco	mpanying sc	hedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Vincent Romano	•	02-07-19					
Signature of Authorized Represe	entative \(\int \Delta \mu_{\Delta \mu_{\text{\ti}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\texi}\text{\texit{\text{\texi}\text{\texi}\text{\text{\texi}\text{\text{\text{\texi}\t	SIGN DO	CUMENT HERE		•	· •	