



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.

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SECRETARY OF STATE
CORPORATIONS DIV2019 FEB 14 PM 2:28
FOR
SECRETARY OF STATE
USF ONLY

1. Entity ID Number 1660233		2. Exact name of the Corporation Timber View Building & Restoration, Inc.			
3. Principal Office Address 35 Petal Lane		City Wakefield		State RI	Zip 02879
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Construction				
5. State of Incorporation Vermont					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George E. Cairns II			Vice-President Name Mary M. Cairns		
Street Address 35 Petal Lane			Street Address 35 Petal Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mary M. Cairns			Treasurer Name George E. Cairns II		
Street Address 35 Petal Lane			Street Address 35 Petal Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIES 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. 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 George E. Cairns II, President					Date
Signature of Authorized Representative 					
SIGN DOCUMENT HERE 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

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FORM 630 - Revised: 10/2017