



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

FILED

MAR 18 2019

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BY *3091*

- 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 <i>119358</i>		2. Exact name of the Corporation Old Harmony Cabinet Co.			
3. Principal Office Address 7 Old Harmony Road		City North Scituate		State RI	Zip 02857
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island Finish carpentry, cabinet making and custom woodworking.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name WILLIAM BRYANT		Vice-President Name WILLIAM BRYANT			
Street Address 7 OLD HARMONY ROAD		Street Address 7 OLD HARMONY ROAD			
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name SUSAN BRYANT		Treasurer Name WILLIAM BRYANT			
Street Address 7 OLD HARMONY ROAD		Street Address 7 OLD HARMONY ROAD			
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE	State RI	Zip 02857
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 50	CLASS/SERIES COMMON	PAR VALUE NO 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. <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 WILLIAM J. BRYANT				Date 3-10-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	