



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

FILED

MAR 21 2019

BY 40438

OK

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 143841		2. Exact name of the Corporation REEB MILLWORK OF NEW ENGLAND, INC.			
3. Principal Office Address 19 Business Park Drive			City Smithfield	State RI	Zip 02917
4. NAICS Code 423310		6. Brief description of the character of business conducted in Rhode Island The sale of millwork products			
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 SCOTT F. KERR			Vice-President Name DAN SCHAFFER		
Street Address 600 BRIGHTON STREET			Street Address 600 BRIGHTON STREET		
City BETHLEHEM	State PA	Zip 18015	City BETHLEHEM	State PA	Zip 18015
Secretary Name THOMAS R. KERR			Treasurer Name DAVID A. HILLMAN		
Street Address 600 BRIGHTON STREET			Street Address 600 BRIGHTON STREET		
City BETHLEHEM	State PA	Zip 18015	City BETHLEHEM	State PA	Zip 18015
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN H. RULE, JR.			Director Name THOMAS R. KERR		
Street Address 600 BRIGHTON STREET			Street Address 600 BRIGHTON STREET		
City BETHLEHEM	State PA	Zip 18015	City BETHLEHEM	State PA	Zip 18015
Director Name SCOTT R. KERR			Director Name JOHN R. KERR		
Street Address 600 BRIGHTON STREET			Street Address 600 BRIGHTON STREET		
City BETHLEHEM	State PA	Zip 18015	City BETHLEHEM	State PA	Zip 18015
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	
		PAR VALUE			
		4,001	COMMON	\$.01	
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 DAVID A. HILLMAN					Date
Signature of Authorized Representative <i>[Signature]</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