RI SOS Filing Number: 201901231270 Date: 7/3/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED
JUL 0 3 2019 &

Annual Report for the year: 2019

Corporation

- -> Filing period: January 1 March 1
- → Filing Fee: \$50.00

→ Penalty: Additional \$25	5.00 fee if form is no	t filed by April 1.					
Entity ID Number	2. Exact name of the Corporation						
529737	Scituate	Scituate Lumber, Inc.					
3. Principal Office Address	.		City		State	Zip	
622 Danielson Pike			Scituate		RI	02857	
4. NAICS Code	6. Brief descr	iption of the charac	ter of business co	onducted in Rhode I	sland		
444130	Retail sales	Retail sales of lumber and building supplies					
5. State of Incorporation							
RI							
7. List ALL officers (names a	nd addresses)	····································		Check	the box to ii	ndicate an attachment 🔲	
President Name Gordon Brayton			Vice-President Name Gordon Brayton				
Street Address 622 Danielson Pike			Street Address 622 Danielson Pike				
^{City} N. Scituate	State RI	^{Zıp} 02857			State RI	^{Zip} 02857	
Secretary Name Gordon Brayton			Treasurer Name Gordon Brayton				
Street Address 622 Danielson Pike			Street Address 622 Danielson Pike				
City N. Scituate	State RI	Z ₁ P 02857	City N. Scitua	ate	S:ate RI	^{Zıp} 02857	
8. List ALL directors (names	and addresses)	•		Check	the box to	ndicate an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
J.,	J	[· · ·					
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER C	F SHARES	CLASS/SER'ES PAR VALUE		PAR VALUE	
		100		common		none	
Changes require an additional	l filing.						
11. This report must be exec	uted on behalf of the	corporation by an	authorized repres	sentative. If the corpo	oration is in	the hands of a receiver or	
trustee, this report must be e							
Under penalty of perjury, i			•	ncluding any accor	npanying s	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Gador Brest		July 1, 2019					
Signature of Authorized Rep Godon Bry	resentative					J	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov