RI SOS Filing Number: 202036971790 Date: 3/30/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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
MAR 30 2020
BY 951

1. Entity ID Number	2. Exact name of the Corporation
174086	**Harrison Custom Woodworking Inc**

3. Principal Office Address	City	State	Zip
4 Congress Road	**Narragansett**	**RI**	**02882**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
532490	**Customized Residential Wood FInishing**
5. State of Incorporation: **RI**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jason M Harrison	
Street Address: **4 Congress Rd**	Street Address:
City: **Narragansett** State: **RI** Zip: **02882**	City: State: Zip:
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Jason M Harrison	
Street Address: **4 Congress Road**	Street Address:
City: **Narragansett** State: **RI** Zip: **02882**	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	**CNP**	**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	Date
JASON HARRISON	3/27/20

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017