



State of Rhode Island  
**Department of State - Business Services Division**

FILED

**Annual Report for the year:** 2021  
**Corporation**

JAN 20 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 8772  
AS

1. Entity ID Number 000108050		2. Exact name of the Corporation Cedarhurst Woodworks, Inc.			
3. Principal Office Address 61 Corey Avenue			City North Kingstown	State RI	Zip 02852
4. NAICS Code 238130		6. Brief description of the character of business conducted in Rhode Island Custom home builders and home renovators			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Shawn Ward			Vice-President Name Shawn Ward		
Street Address 393 Laurel Ridge Lane			Street Address 393 Laurel Ridge Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Matthew Mirandou			Treasurer Name Shawn Ward		
Street Address 17 Lillibridge Drive			Street Address 393 Laurel Ridge Lane		
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 300	CLASS/SERIES CWP	PAR VALUE \$1.00
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. <b>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.</b>					
Name of Authorized Representative Shawn Ward				Date 1/2/21	
Signature of Authorized Representative					

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
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