RI SOS Filing Number: 202192472850 Date: 2/19/2021 4:00:00 PM

(EEG)

State of Rhode Island

## **Department of State - Business Services Division**

## Annual Report for the year: $_{2021}$

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	
FEB 1 9 2021 0576	a

Ferrally Additional \$25.0     Entity ID Number		• •		3V		56 T		
1660233		2. Exact name of the Corporation Timber View Building & Restoration, Inc.						
	Timber vie							
Principal Office Address     Petal Lane			City Wakefield		State	Zip		
					RI	02879		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
236118	Construction	Construction						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and	addresses)			Che	ck the box to inc	dicate an attachment		
President Name George E. Cairi				Vice-President Name Mary M. Carrns				
Street Address 35 Petal Lane	. 35 Petal Lane			Street Address 35 Petal Lane				
City Wakefield	State RI	Zip 02879	City Wakefield			State RI Zip 02879		
Secretary Name Mary M. Cairn	s		Treasurer Name George E. Cairns II					
Street Address 35 Petal Lane	35 Petal Lane			Street Address 35 Petal Lane				
City Wakefield	State R1	Zip 02879	City Wakefield		State RI	Zip 02879		
8. List ALL directors (names ar	nd addresses)		- · · · · · · · · · · · · · · · · · · ·		ck the box to inc	dicate an attachment 🔲		
Director Name			Director Name	9				
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment				
his information is currently of record in the		NLVBER O	FSHARES			PAR VALUE		
Department of State.		500		CNP		\$0.00		
Changes require an additional fi	ling.	<del></del>						
11. This report must be executivisted, this report must be executive.					poration is in th	e hands of a receiver or		
trustee, this report must be exe					ompanying se	hedules and		
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								
George E. Cairns II, President 26 2021								
Signature of Authorized Repre-	sentative							

MAIL TO:

**Division of Business Services** 

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

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