

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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

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Entity ID Number	2. Exact name of the Corporation						
147663	R& W Woodworking, Inc.						
3. Principal Office Address			City		State	Zip	
P.O. Box 105			Coventry		RI	02816	
4. MAICS Code	6. Brief desc	ription of the chara	cter of business o	conducted in Rhode	Island		
みつとししし	✓ Finishing a	ind painting of cat	oinetry, millwork	and wood produc	ts		
5. State of Tricorporation							
Rhode Island							
7. List ALL officers (names and	addresses)			Chec	k the box to i	ndicate an attachment 🔲	
President Name Vincent Roman	Vice-President Name Vincent Romano						
Street Address P.O. Box 105	Street Address P.O. Box 105						
City Coventry	State RI	Zip 02816	City Coventry		State RI	^{Zıp} 02816	
Secretary Name Vincent Roman	Treasurer Name Vincent Romano						
Street Address P.O. Box 105	Street Address P.O. Box 105						
^{City} Coventry	State RI	Zip 02816	City Coventry		State RI	^{Zip} 02816	
8. List ALL directors (names and	d addresses)			Chec	k the box to i	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	Zıp	
<u> </u>			,			<u> </u>	
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 OF SHARES		CLASS/SERIES		PAR VALUE	
Department of State.		100		Common		None	
Changes require an additional fil	ing.		=				
11. This report must be execute	d on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in	the hands of a receiver or	
trustee, this report must be exe	cuted on behalf o	f the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, I de statements, and that all state	clare and affirm	that I have examin	ned this report, i	ncluding any acco	mpanying s	chedules and	
Name of Authorized Representa	ments contamet ative	i nerem are true a	na correct.		Date		
Vincent Romano 03.75.21							
Signature of Authorized Repres		· · · · · ·					

MAIL TO:

Division of Business Services

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

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