



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 15 2022

BY

1033
[Signature]

1. Entity ID Number 1661269		2. Exact name of the Corporation HEYWOOD FARMS, INC.										
3. Principal Office Address 1828 Atwood Avenue		City Johnston	State RI									
		Zip 02919										
4. NAICS Code 236117	6. Brief description of the character of business conducted in Rhode Island Construction business and any other lawful purpose											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Daniel Heywood		Vice-President Name Joshua M. Heywood										
Street Address 1828 Atwood Avenue		Street Address 1828 Atwood Avenue										
City Johnston	State RI	City Johnston	State RI									
Zip 02919		Zip 02919										
Secretary Name Daniel Heywood		Treasurer Name Joshua M. Heywood										
Street Address 1828 Atwood Avenue		Street Address 1828 Atwood Avenue										
City Johnston	State RI	City Johnston	State RI									
Zip 02919		Zip 02919										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Daniel Heywood		Director Name Joshua M. Heywood										
Street Address Same as above		Street Address Same as above										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	Common	No Par										
Changes require an additional filing.												
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 Daniel Heywood JOSHUA HEYWOOD			Date 2/1/22									
Signature of Authorized Representative [Signature]												

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: 11/2021