



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2022
Corporation

MAY 04 2022
BY [Signature]

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | |
|---|--------------------|---|--|-------------------------------|--|
| 1. Entity ID Number <u>509672</u> | | 2. Exact name of the Corporation <u>MARTIN WoodWORKS Inc</u> | | | |
| 3. Principal Office Address <u>3 BRIDAL AVE</u> | | | City <u>WEST WARWICK</u> | State <u>RI</u> | Zip <u>02883</u> |
| 4. NAICS Code <u>3350</u> | | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 5. State of Incorporation <u>Rhode Island</u> | | <u>CABINET MAKER</u> | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name <u>Joseph MARTIN</u> | | | Vice-President Name <u>MATTHEW MARTIN</u> | | |
| Street Address <u>305 TAFT AVE</u> | | | Street Address <u>19 HAYES ST</u> | | |
| City <u>WARWICK</u> | State <u>RI</u> | Zip <u>02886</u> | City <u>WARWICK</u> | State <u>RI</u> | Zip <u>02886</u> |
| Secretary Name <u>CYNTHIA MARTIN</u> | | | Treasurer Name | | |
| Street Address <u>305 TAFT AVE</u> | | | Street Address | | |
| City <u>WARWICK</u> | State <u>RI</u> | Zip <u>02886</u> | City | State | Zip |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name | | | Director Name <u>NONE</u> | | |
| 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 | | | 10. Shares Issued | | |
| This information is currently of record in the Department of State. | | | Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | | | NUMBER OF SHARES <u>1000</u> | CLASS/SERIES <u>NO PAR</u> | PAR VALUE <u>.01</u> |
| 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 <u>Joseph MARTIN</u> | | | | Date <u>5/2/2022</u> | |
| Signature of Authorized Representative <u>Joseph Martin</u> | | | | | |