



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
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 STAMP

JAN 25 2023

FOR
SECRETARY OF STATE
DIVISION 1BY 6709

1. Entity ID Number 000151186		2. Exact name of the Corporation Interior Woodworking Solutions, Inc.			
3. Principal Office Address 47 PETTACONSETT AVENUE			City Cranston	State RI	Zip 02920
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island TO OWN, OPERATE AND MAINTAIN A BUSINESS FOR THE PURPOSE OF FABRICATING ANY AND ALL KINDS AND TYPES OF WOODWORK PRODUCTS			
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 BRIAN A FRANCO			Vice-President Name TROY R BEVERLY		
Street Address 47 PETTACONSETT AVENUE			Street Address 47 PETTACONSETT AVENUE		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name BRIAN A FRANCO			Treasurer Name TROY R BEVERLY		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRIAN A FRANCO			Director Name TROY R BEVERLY		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS/SERIES 1,000	PAR VALUE \$0.0100
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 Brian A Franco, President					Date January 20, 2022
Signature of Authorized Representative 					

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