



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

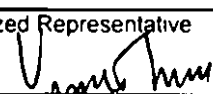
→ Filing Fee: \$50.00

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

FILED

APR 08 2023

BY

1. Entity ID Number 147663		2. Exact name of the Corporation R&W Woodworking, Inc.												
3. Principal Office Address P.O. Box 105			City Coventry	State RI	Zip 02816									
4. NAICS Code 238130		6. Brief description of the character of business conducted in Rhode Island Finishing and painting of cabinetry, mill-work, and wood 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 Vincent Romano			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	Zip 02816									
Secretary Name Vincent Romano			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 addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
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 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.		<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 Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	Common	No Par Value												
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 Vincent Romano					Date 04-01-23									
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