



State of Rhode Island

Department of State - Business Services Division

MAY 11 2023

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.

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>02893</u>
4. NAICS Code <u>812990</u>		6. Brief description of the character of business conducted in Rhode Island <u>CABINET MAKER</u>			
5. State of Incorporation <u>RI</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					
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		CLASS/SERIES		PAR VALUE	
<u>1000</u>		<u>NO PAR</u>		<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>5/9/2023</u>
Signature of Authorized Representative <u>Joseph Martin</u>					

MAIL TO:
Division of Business Services