



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

REC'D RI SOS BSD
 24 APR 12 PM 1:10:39

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.			NUMBER OF SHARES		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 04-07-24	
Signature of Authorized Representative <i>Vincent Romano</i>					FILED 110 APR 12 2024 BY MDH14	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov