



**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.

FILED
MAY 02 2024
BY *[Signature]*

1. Entity ID Number 000119358		2. Exact name of the Corporation Old Harmony Cabinet Co.			
3. Principal Office Address 7 Old Harmony Road			City North Scituate	State RI	Zip 02857
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island Finished carpentry, cabinet making and custom woodworking.			
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 William Bryant			Vice-President Name William Bryant		
Street Address 7 Old Harmony Road			Street Address 7 Old Harmony Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Susan Bryant			Treasurer Name William Bryant		
Street Address 7 Old Harmony Road			Street Address 7 Old Harmony Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
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		CLASS/SLRILS	PAR VALUE
		50		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 William J BRYANT					Date 4-23-24
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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