

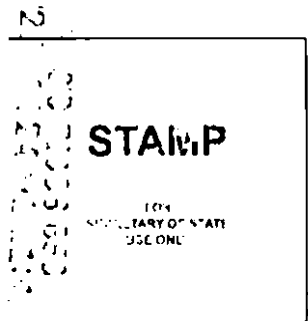


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 001711180		2. Exact name of the Corporation Wren Connecticut, Inc.			
3. Principal Office Address 1110 Hanover St			City Sugar Notch	State PA	Zip 18706
4. NAICS Code 442299		6. Brief description of the character of business conducted in Rhode Island Kitchen design, sales, and installation			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Damian Gawronkiewicz			Vice-President Name Kevin Parente		
Street Address 1110 Hanover St			Street Address 1110 Hanover St		
City Sugar Notch	State PA	Zip 18706	City Sugar Notch	State PA	Zip 18706
Secretary Name Stephanie Steels			Treasurer Name Stephanie Steels		
Street Address 1110 Hanover St			Street Address 1110 Hanover St		
City Sugar Notch	State PA	Zip 18706	City Sugar Notch	State PA	Zip 18706
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☒
Director Name Malcolm S. Healey			Director Name Jane M. Oldfield		
Street Address 1110 Hanover St			Street Address 1110 Hanover St		
City Sugar Notch	State PA	Zip 18706	City Sugar Notch	State PA	Zip 18706
Director Name Mark J. Pullan			Director Name Rafal R. Klimek		
Street Address 1110 Hanover St			Street Address 1110 Hanover St		
City Sugar Notch	State PA	Zip 18706	City Sugar Notch	State PA	Zip 18706
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE \$0.001	
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 Jane M. Oldfield					Date 3/19/2025
Signature of Authorized Representative <i>Jane M. Oldfield</i>					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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BY

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FORM 630- Revised: 12/2023

Entity ID Number: 001711180

Name of Corporation: Wren Connecticut, Inc.

Additional Directors:

Name	Address
Alexander D. Grant	1110 Hanover Street Sugar Notch, Pennsylvania 18706