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State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Corporation
001711180	Wren Connecticut, Inc.

3. Principal Office Address	City	State	Zip
1110 Hanover St	Sugar Notch	PA	18706

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
442299	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:	City: Sugar Notch	State: PA	Zip:
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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	$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	Date
Jane M. Oldfield	3/19/2025

Signature of Authorized Representative
Jane M. Oldfield

FILED
MAR 24 2025 1:16
BY JDFF

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: 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