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State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022
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	Vice-President
Name	Malcolm S. Healey	
Street Address	1110 Hanover St	
City	Sugar Notch	
State	PA	
Zip		

	Secretary	Treasurer
Name	Mark J. Pullan	Jane M. Oldfield
Street Address	1110 Hanover St	1110 Hanover St
City	Sugar Notch	Sugar Notch
State	PA	PA
Zip	18706	18706

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

	Director	Director
Name	Jane M. Oldfield	Malcolm S. Healey
Street Address	1110 Hanover St	1110 Hanover St
City	Sugar Notch	Sugar Notch
State	PA	PA
Zip	18706	18706

	Director	Director
Name	Mark J. Pullan	Rafal R. Klimek
Street Address	1110 Hanover St	1110 Hanover St
City	Sugar Notch	Sugar Notch
State	PA	PA
Zip	18706	18706

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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 1:13

BY 3DFF4

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