Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by		State of	Rhode Island	d	Fee: \$50.00	
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or relusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited liability company failing or relusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited fability company failing or relusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited fability company failing or relusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited fability company failing or relusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited fability company failing or relusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited fability company failing or state: El 1 ID No. (001684333 2 Exact Name of the Limited Liability Company Calderwood Custom Millwork, LLC 3 State of Formation Sitate: El NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. Nore information on NAICS can be found online. 337212 </td <td></td> <td></td> <td>•</td> <td></td> <td></td>			•			
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Contact Name: <u>DANIEL KINSELLA</u> Contact Title: <u>OWNER</u> No. and Street: <u>2623 EAST MAIN ROAD</u>	City or Town:	<u>NEWPORT</u>	State: <u>RI</u>	Zip: <u>02840</u>	Country: <u>USA</u>	
No. and Street: 2623 EAST MAIN ROAD	6. Mailing Addres	s of Limited Liability Company	and Name or 1	Fitle of Contact	Person:	
			: <u>OWNER</u>			
			State: <u>RI</u>	Zip: <u>02871</u>	Country: <u>USA</u>	

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DANIEL KINSELLA 104 PECKHAM LANE MIDDLETOWN , RI 02842

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 9 Day of April, 2025 at 4:18:13 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LISA KINSELLA

Signature of Authorized Person

Form No. 632 Revised 09/07

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