



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.

FILED
STAMP

APR 10 2025



BY 9380

1. Entity ID Number 747871		2. Exact name of the Corporation Jutras Woodworking, Inc			
3. Principal Office Address 25 Lark Industrial Drive		City Greenville		State RI	Zip 02828
4. NAICS Code 321911		6. Brief description of the character of business conducted in Rhode Island To manufacture cabinets and perform woodworking and construction of all types.			
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 Dave Payette			Vice-President Name Dave Payette and Peter Leblanc		
Street Address 25 Lark Industrial Drive			Street Address 25 Lark Industrial Drive		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Dave Payette			Treasurer Name Peter Leblanc		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
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/SERIES	
		100		common	
				PAR VALUE	
				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 Dave Payette, President					Date 3/24/25
Signature of Authorized Representative 					

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