



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

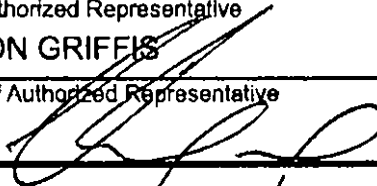
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 11 2025

BY 012622

1. Entity ID Number 001780786		2. Exact name of the Corporation WINDSOR HOLDING COMPANY							
3. Principal Office Address 737 SOUTHPOINT BLV STE H				City PETALUMA		State CA		Zip 94954	
4. NAICS Code 321999		6. Brief description of the character of business conducted in Rhode Island WOOD MANUFACTURING ENTITY CONDUCTING SALES							
5. State of Incorporation NV									
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐									
President Name JARED LEISHMAN				Vice-President Name DEREK G HARDY					
Street Address 737 SOUTHPOINT BLV STE H				Street Address 737 SOUTHPOINT BLV STE H					
City PETALUMA		State CA		Zip 94954		City PETALUMA		State CA Zip 94954	
Secretary Name				Treasurer Name					
Street Address				Street Address					
City		State		Zip		City		State Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐									
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 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	
				153377		A		100.0000	
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 CLAYTON GRIFFIS							Date 2/12/2025		
Signature of Authorized Representative 									

MAIL TO:
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Website: www.sos.ri.gov