

RI SOS Filing Number: 202570778190 Date: 4/14/2025 4:00:00 PM

## 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.

| APR 14 2025<br>By 3007 |
|------------------------|
|                        |

| 1. Entity ID Number 000128306   | 2. Exact name of the Corporation HERITAGE WOODWORKS, INC. |  |              |                                |                                   |              |                                 |  |  |
|---|---|--|--------------|--------------------------------|-----------------------------------|--------------|---------------------------------|--|--|
| 3. Principal Office Address   | L   |  | City         |                                | State                             | e            | Zıp                             |  |  |
| c/o Michael J Hill 6 Blacks   | LINCO   |  | RI           |                                | 02865                             |              |                                 |  |  |
| 4. NAICS Code   |   | Brief description of the character of business conducted in Rhode Island |              |                                |                                   |              |                                 |  |  |
| 238900  | URNITURE AND OTHER WOOD PRODUCTS                          |  |              |                                |                                   |              |                                 |  |  |
| 5. State of Incorporation   | 1   |  |              |                                |                                   |              |                                 |  |  |
| RHODE ISLAND  |   |  |              |                                |                                   |              |                                 |  |  |
| 7. List ALL officers (names and add   | lress <u>es)</u>  |  |              |                                |                                   |              | attachment 🔲                    |  |  |
| President Name ANTHONY F. V   | Vice-President Name ANTHONY F. VARONE JR.                 |  |              |                                |                                   |              |                                 |  |  |
| Street Address 74 TANAGER F   |   | Street Address 74 TANAGER ROAD   |              |                                |                                   |              |                                 |  |  |
| Cily SEEKONK  | State MA  | <sup>Zip</sup> 02771   | City SEE     | SEEKONK                        |                                   | MA           | <sup>Z<sub>1</sub>p</sup> 02771 |  |  |
| Secretary Name ANTHONY F. V   | Treasurer Name ANTHONY F. VARONE JR.                      |  |              |                                |                                   |              |                                 |  |  |
| Street Address 74 TANAGER ROAD  |   |  |              | Street Address 74 TANAGER ROAD |                                   |              |                                 |  |  |
| City SEEKONK  | State MA  | <sup>Zip</sup> 02771   | City SEEKONK |                                | State                             | MA           | Z <sub>IP</sub> 02771           |  |  |
| 8. List ALL directors (names and ac   | idresses)   | <b>.</b>   |              | Check t                        | he box to in                      | dicate an    | attachment 🔲                    |  |  |
| Director Name ANTHONY F. V.   | Director N  | Director Name  |              |                                |                                   |              |                                 |  |  |
| Street Address 74 TANAGER R   | Street Address  |  |              |                                |                                   |              |                                 |  |  |
| City SEEKONK  | State MA  | <sup>Zıp</sup> 02771   | City         |                                | State                             | ,            | Zıp                             |  |  |
| Director Name   | Director Name   |  |              |                                |                                   |              |                                 |  |  |
| Street Address  | Street Address  |  |              |                                |                                   |              |                                 |  |  |
| City  | State   | Zip  | City         |                                | State                             | <del>-</del> | Zip                             |  |  |
| 9. Shares Authorized  | 10. Shares Issu   | 10. 014.00 188800  |              |                                | e box to indicate an attachment 🔲 |              |                                 |  |  |
| This information is currently of recor                                      | d in the  | NUMBER OF SHARES   |              | CLASS/\$ERIES                  |                                   | PAR VALUE    |                                 |  |  |
| Department of State.  |   | 100  |              | common/voti                    | ng                                | no par value |                                 |  |  |
| Changes require an additional filing.                                       |   | _  |              |                                |                                   |              |                                 |  |  |
| 11. This report must be executed or   | n behalf of the c   | orporation by an a   | uthorized re | presentative. If the o         | corporation                       | s in the ha  | inds of a re-                   |  |  |
| ceiver or trustee, this report must b<br>Under penalty of perjury, I declar | e executed on b   | ehalf of the corpor  | ation by the | receiver or trustee.           | ccompanyi                         | na sched     | ules and                        |  |  |
| under penalty of perjury, I declar<br>statements, and that all statemen     | e and ammin th<br>hts contained h                         | erein are true and   | d correct.   | more amy amy a                 |                                   |              |                                 |  |  |
| Name of Authorized Representative   |   | Date   |              |                                |                                   |              |                                 |  |  |
| ANTHONY F. VARONE J   |   | <u> </u>   | 1/4/0        | 25                             |                                   |              |                                 |  |  |
| Signature of Authorized Representative                                      |   |  |              |                                |                                   |              |                                 |  |  |
| ,   | asme  | -//1·  |              | <u> </u>                       |                                   | ·            |                                 |  |  |
| MAIL TO:  |   | /  |              |                                |                                   |              |                                 |  |  |

**Division of Business Services** 

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