



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

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MAY 05 2025  
DEPT OF STATE  
BUS SERVICES  
BY [Signature]  
2025 MAY -5 P 3:04

|                                                                                                                                                                                                                                                   |             |                                                                                                                        |                     |                 |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------|--------------|
| 1. Entity ID Number<br>0000126484                                                                                                                                                                                                                 |             | 2. Exact name of the Corporation<br>Country Carpenters Incorporated                                                    |                     |                 |              |
| 3. Principal Office Address<br>326 Gilead Street                                                                                                                                                                                                  |             |                                                                                                                        | City<br>Hebron      | State<br>CT     | Zip<br>06248 |
| 4. NAICS Code<br>236115                                                                                                                                                                                                                           |             | 6. Brief description of the character of business conducted in Rhode Island<br>Carpentry and any other lawful purpose. |                     |                 |              |
| 5. State of Incorporation<br>Rhode Island                                                                                                                                                                                                         |             |                                                                                                                        |                     |                 |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |             |                                                                                                                        |                     |                 |              |
| President Name<br>Roger Barrett, Jr.                                                                                                                                                                                                              |             |                                                                                                                        | Vice-President Name |                 |              |
| Street Address<br>87 Shody Mill Road                                                                                                                                                                                                              |             |                                                                                                                        | Street Address      |                 |              |
| City<br>Bolton                                                                                                                                                                                                                                    | State<br>CT | Zip<br>06043                                                                                                           | City                | State           | Zip          |
| Secretary Name<br>Deborah Barrett                                                                                                                                                                                                                 |             |                                                                                                                        | Treasurer Name      |                 |              |
| Street Address<br>87 Shody Mill Road                                                                                                                                                                                                              |             |                                                                                                                        | Street Address      |                 |              |
| City<br>Bolton                                                                                                                                                                                                                                    | State<br>CT | Zip<br>06043                                                                                                           | City                | State           | Zip          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |             |                                                                                                                        |                     |                 |              |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                     |                 |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                  |             | NUMBER OF SHARES                                                                                                       |                     | CLASS/SERIES    |              |
|                                                                                                                                                                                                                                                   |             | 5,000                                                                                                                  |                     | 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<br>Roger Barrett Jr.                                                                                                                                                                                            |             |                                                                                                                        |                     | Date<br>4/25/25 |              |
| Signature of Authorized Representative<br>[Signature]                                                                                                                                                                                             |             |                                                                                                                        |                     |                 |              |

MAIL TO:  
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