State of Rhode Island
Department of State - Business Services Division

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MAY 05 2025
DEPT OF STATE
BUSINESS SERVICES
BY
$50.00
2025 MAY -5 P 3:01

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.

1. Entity ID Number	2. Exact name of the Corporation
0000126484	Country Carpenters Incorporated

3. Principal Office Address	City	State	Zip
326 Gilead Street	Hebron	CT	06248

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236115	Carpentry and any other lawful purpose.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Roger Barrett, Jr.			Vice-President Name		
Street Address: 87 Shody Mill Road			Street Address		
City: Bolton	State: CT	Zip: 06043	City	State	Zip
Secretary Name: Deborah Barrett			Treasurer Name		
Street Address: 87 Shody Mill Road			Street Address		
City: Bolton	State: CT	Zip: 06043	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	5,000	Common	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	Date
Roger Barrett Jr.	4/25/25

Signature of Authorized Representative
Roger Barrett

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

FORM BUS- Revised 12/2023