

1.) CORPORATION NAME: Jackson Lumber and Millwork Co., Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 23111 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MA	DUE DATE: 5/31/2012 SCC ID NO: F1752536 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td>100</td> </tr> <tr> <td>COMB</td> <td>1,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	100	COMB	1,000
CLASS	AUTHORIZED						
COMA	100						
COMB	1,000						

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 215 MARKET ST CITY/ST/ZIP: LAWRENCE, MA 01843

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOSEPH ALFRED TORRISI TITLE: BOTH ADDRESS: 215 MARKET ST CITY/ST/ZIP/CO: LAWRENCE, MA 01843	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------

NAME: JOSEPH ANTHONY TORRISI TITLE: BOTH ADDRESS: 215 MARKET ST CITY/ST/ZIP/CO: LAWRENCE, MA 01843	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
-------------------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------

NAME: ALFRED J TORRISI TITLE: CHAIRMAN ADDRESS: 215 MARKET ST CITY/ST/ZIP/CO: LAWRENCE, MA 01843	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
-----------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: MARK T TORRISI TITLE: BOTH ADDRESS: 215 MARKET ST CITY/ST/ZIP/CO: LAWRENCE, MA 01843	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
-----------------------------------------------------------------------------------------------------	---------------------------------------------	----------------------------------------------

NAME: CAMILLE DALY TITLE: OFFICER ADDRESS: 215 MARKET ST CITY/ST/ZIP/CO: LAWRENCE, MA 01843	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
------------------------------------------------------------------------------------------------------	---------------------------------------------	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOSEPH ANTHONY TORRISI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH ANTHONY TORRISI, BOTH PRINTED NAME AND CORPORATE TITLE	5/2/2012 DATE
-----------------------------------------------------------------------------------	---------------------------------------------------------------------	------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.