



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000162421		2. Name of Corporation CUSTOM HOME DESIGN & REMODELING, Inc.			
3. Street Address Principal Business Office 316 BENTLEY ROAD		City WARWICK	State RI	Zip 02888	
4. Business Phone No. 401-941-0428		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island GENERAL CONTRACTING SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STACEY SHAKER			Vice President Name J. VICTOR KINOLAN		
Street Address 316 BENTLEY RD.			Street Address 204 NARRAGANSETT		
City WARWICK	State RI	Zip 02888	City CRANSTON	State RI	Zip 02905
Secretary Name DONALD BOURASSA			Treasurer Name		
Street Address 10 CREIGHTON PL			Street Address		
City COVENTRY	State RI	Zip 02893	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100		0	100		0
					0

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.

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
DEC 05 2007
By: *[Signature]* 043802

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.

Stacey Shaker 12/3/07
Signature Date

STACEY SHAKER
Print or Type Name

PRESIDENT
Title