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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
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.	2. Name of Corporation			
14047	HALGREN HOMES, INC.			
3. Street Address Principal Business Office		City	State	Zip
55 MONTEBELLO ROAD		WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation			
401-783-0519	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
HOUSE BUILDING

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Sylvia Greenfeld	87 Betsy Williams Drive	Cranston	RI	02905
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Neil Greenfeld	27 Bennington Road	Cranston	RI	02920
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Cheryl Teverow	2 Wriston Drive	Providence	RI	02906
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Sylvia Greenfeld	87 Betsy Williams Drive	Cranston	RI	02905

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Cheryl Teverow	2 Wriston Drive	Providence	RI	02906
Director Name	**Street Address**	**City**	**State**	**Zip**
Sylvia Greenfeld	87 Betsy Williams Drive	Cranston	RI	02905
Director Name	**Street Address**	**City**	**State**	**Zip**
Neil Greenfeld	27 Bennington Road	Cranston	RI	02920
Director Name	**Street Address**	**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*
500 COMM NO PAR VALUE			100	Common	No Par

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.

[redacted] [redacted]

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.

✓ Sylvia Greenfeld ✓ 2/18/08
Signature *Date*

Sylvia Greenfeld
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 21 2008
By: By 2419
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20950-18-237475

Form 630 Rev. 12/06