



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>161561</u>		2. Exact name of the Corporation <u>H + I Custom Remodeling Inc.</u>			
3. Principal office address <u>8 Trout Brook Lane</u>		City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	
4. Business Phone No. <u>401-787-7316</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Home Remodeling</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Thomas Iacubasi</u>			Vice-President Name <u>Raymond Hassell</u>		
Street Address <u>8 Trout Brook Lane</u>			Street Address <u>73 Remington Farm Drive</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>Covington</u>	State <u>RI</u>	Zip <u>02816</u>
Secretary Name <u>Thomas Iacubasi</u>			Treasurer Name <u>Raymond Hassell</u>		
Street Address <u>8 Trout Brook Lane</u>			Street Address <u>73 Remington Farm Drive</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>Covington</u>	State <u>RI</u>	Zip <u>02816</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Thomas Iacubasi</u>			Director Name <u>Raymond Hassell</u>		
Street Address <u>8 Trout Brook Lane</u>			Street Address <u>73 Remington Farm Drive</u>		
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City <u>Covington</u>	State <u>RI</u>	Zip <u>02816</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
NUMBER OF SHARES <u>100</u>		CLASS/SERIES <u>Common</u>		PAR VALUE <u>No Par</u>	

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: Dr. 162834
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 07 2012

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative