



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 2013

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 checked="" type="checkbox"/>					
President Name <u>Thomas Jacobucci</u>		Vice-President Name <u>Thomas Jacobucci</u>			
Street Address <u>8 Trout Brook Lane</u>		Street Address <u>(SAME AS)</u>			
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City	State	Zip
Secretary Name <u>Thomas Jacobucci</u>		Treasurer Name			
Street Address <u>8 Trout Brook Lane</u>		Street Address			
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <u>Thomas Jacobucci</u>		Director Name <u>Thomas Jacobucci</u>			
Street Address <u>8 Trout Brook Lane</u>		Street Address <u>(SAME AS)</u>			
City <u>Hope</u>	State <u>RI</u>	Zip <u>02831</u>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<u>100</u>		<u>Common</u>		<u>NO PAR</u>	

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 SECRETARY OF STATE
 CORPORATIONS DIV

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: JAN 11 2013
 FOR SECRETARY OF STATE USE ONLY

FILED

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.

Thomas Jacobucci 1/11/13
 Signature of Authorized Representative Date

Thomas Jacobucci
 Print or Type Name of Authorized Representative

BY 187335
cmc