



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. 35296		2. Exact name of the Corporation Hospitality Builders, Inc.			
3. Principal office address 506 S Wilson St			City Aberdeen	State SD	Zip 57401
4. Business Phone No. 605-229-5945		5. State of Incorporation South Dakota			
6. Brief description of the character of business conducted in Rhode Island General Contractor - motel construction					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steven L. Warren			Vice-President Name Frank J. Gould		
Street Address 506 S Wilson St			Street Address 506 S Wilson St		
City Aberdeen	State SD	Zip 57401	City Aberdeen	State SD	Zip 57401
Secretary Name Daniel J. Bahn			Treasurer Name Daniel J. Bahn		
Street Address 506 S Wilson St			Street Address 506 S Wilson St		
City Aberdeen	State SD	Zip 57401	City Aberdeen	State SD	Zip 57401
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Steven L. Warren			Director Name Frank J. Gould		
Street Address 506 S Wilson St			Street Address 506 S Wilson St		
City Aberdeen	State SD	Zip 57401	City Aberdeen	State SD	Zip 57401
Director Name Kevin Krank			Director Name		
Street Address 506 S Wilson St			Street Address		
City Aberdeen	State SD	Zip 57401	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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
			1,000	Common	1.00

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

JAN 25 2013

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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.

Steven L. Warren
 Signature of Authorized Representative

01/15/2013

Date

Steven L. Warren, President

Print or Type Name of Authorized Representative