

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.	2. Exact nar	me of the Corporation				
35296	Hospita	ality 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 o General Contractor		s conducted in Rhode Islanduction	d			
	NAMES AND ADDE	ESSES ("X", BO), FOR A	TRACHMENT			
resident Name Steven L. Warren			Vice-President Name Frank J. Gould			
Street Address 506 S Wilson St			Street Address 506 S Wilson S	t	·	
City Aberdeen	State SD	Zip 57401	City Aberdeen	State SD	Zip 57401	
Secretary Name Daniel J. Bahn		.i	Treasurer Name Daniel J. Bahn			
Street Address 506 S Wilson St			Street Address 506 S Wilson S	t		
City Aberdeen	State SD	Zip 57401	City Aberdeen	State SD	Zip 57401	
	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
rector 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		1	
reet Address 606 S Wilson St		Street Address				
City Aberdeen	State SD	Zip 57401	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUED) ("X" BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary of State. Changes require an additional filing. see Section 9 of instruction sheet.		1,000	Common	1.00		
	ited on behalf of the	corporation by an authorize st be executed on behalf of	ed representative. If the the the corporation by the r	corporation is in the hands eceiver or trustee.	s of a receiver or tru	

Ale Park	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.		
Check No.	JAN 2 5 2013	and that all statements contained herein are	true and correct. 01/15/2013	
B/2	8-21-23	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY		Steven L. Warren, President		

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative