



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>155557</u>		2. Exact name of the Corporation <u>Apex Homes Inc</u>	
3. Principal office address <u>7172 Route 522</u>		City <u>Middleburg</u>	State <u>PA</u>
		Zip <u>17842</u>	
4. Business Phone No. <u>570-837-2333</u>		5. State of Incorporation <u>Pennsylvania</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Sales of Modular Homes, manufactured in PA</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Lynn kuhns</u>		Vice-President Name <u>Kent Jenkins</u>	
Street Address <u>7172 Route 522</u>		Street Address <u>7172 Route 522</u>	
City <u>Middleburg</u>	State <u>PA</u>	City <u>Middleburg</u>	State <u>PA</u>
Zip <u>17842</u>		Zip <u>17842</u>	
Secretary Name <u>Kent Jenkins</u>		Treasurer Name <u>Sue Werhood</u>	
Street Address <u>7172 Route 522</u>		Street Address <u>7172 Route 522</u>	
City <u>Middleburg</u>	State <u>PA</u>	City <u>Middleburg</u>	State <u>PA</u>
Zip <u>17842</u>		Zip <u>17842</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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>525000</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>\$1.00</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:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 01 2013

BY 5703

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

Lynn kuhns

2-1-13