



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. 794802		2. Exact name of the Corporation Shoreline Custom Builders, Inc.			
3. Principal office address 60 Crossroad Court		City Stormville	State NY	Zip 12582	
4. Business Phone No. (845) 225-2336		5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island Residential construction					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert Colucci			Vice-President Name Patricia Colucci		
Street Address 60 Crossroad Court			Street Address 60 Crossroad Court		
City Stormville	State NY	Zip 12582	City Stormville	State NY	Zip 12582
Secretary Name Patricia Colucci			Treasurer Name Patricia Colucci		
Street Address 60 Crossroad Court			Street Address 60 Crossroad Court		
City Stormville	State NY	Zip 12582	City Stormville	State NY	Zip 12582
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert Colucci			Director Name Patricia Colucci		
Street Address 60 Crossroad Court			Street Address 60 Crossroad Court		
City Stormville	State NY	Zip 12582	City Stormville	State NY	Zip 12582
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			0	common	\$1.00 par value

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 BY _____

FILED

MAR 27 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.

Patricia Colucci 3/20/13
Signature of Authorized Representative Date

Patricia Colucci

Print or Type Name of Authorized Representative