

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 159714	2. Name of Corporation Homes 401, Inc.				
3. Street Address Principal Business Office 334 Branch Avenue			Providence	State RI	<i>Zip</i> 02904
4. Business Phone No. 401-237-4475 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Real estate sales.	of Business Conducted in F	Rhode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Shawn Harrington			None		
Street Address 334 Branch Avenue			Street Address		
City Providence	State RI	^{Zip} 02904	City	State	Zip
Secretary Name Shawn Harrington			Treasurer Name Shawn Harrington		
Street Address 334 Branch Avenue			Street Address 334 Branch Avenue		
City Providence	State RI	^{Zip} 02904	City Providence	State RI	^{Zip} 02904
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT) 🗍 FILL I	N SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name		
Shawn Harrington					
Street Address			Street Address		
334 Branch Avenue					
City	State	Zip	City	State	Zip
Providence	J RI	02904		.	
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			Number of Shares	Class/Series	Par Value
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			100	Common	\$0.01
instruction sheet.					
This report must be executed this report must be executed of	on behalf of the corp	oration by the receiver	ed representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,
		FILED			at attached to the state
		APR 2 3 2013	including any acc	perjury, I doctare and affirm companying schedules and st are true and correct.	that I have examined this repo atements, and that all statemen
File Date	BY_/	Value		19/	3/1/13
Check No.	**	10/000	Signature Shawn Ha	arrington	Dute 1
B ₁₁₁		29.195705			
Ву:			President	İ	
FOR SECRETARY OF STA	TE USE ONLY	_	Title		F. (30 P. 00/00
					Form 630 Rev. 08/08