



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 **2014**

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. 20623		2. Exact name of the Corporation ISLAND DESIGN HOMES, INC.			
3. Principal office address 210 CEDAR AVENUE		City PORTSMOUTH	State RI	Zip 02871	
4. Business Phone No. 401-683-5754		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island THE CONSTRUCTION AND SALE OF RESIDENTIAL REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name MICHAEL L. RINKEL			Vice-President Name JOHN J. RINKEL		
Street Address 210 CEDAR AVENUE			Street Address 40 EVELYN CIRCLE		
City PORTSMOUTH	State RI	Zip 02871	City MIDDLETOWN	State RI	Zip 02842
Secretary Name LORI A. RINKEL			Treasurer Name MICHAEL L. RINKEL		
Street Address 210 CEDAR AVENUE			Street Address 210 CEDAR AVENUE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	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.					
NUMBER OF SHARES			CLASS/SERIES	PAR VALUE	
100			COMMON	NO PAR	

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 28 2014

BY 18775

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

LORI A. RINKEL, SECRETARY

Print or Type Name of Authorized Representative