

## 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.

	0 5	an of the Corneration				
1. Entity ID No. <b>20623</b>		2. Exact name of the Corporation ISLAND DESIGN HOMES, INC.				
Principal office address 210 CEDAR AVENUE			City PORTSMOUTH	State <b>RI</b>	Zip <b>02871</b>	
4. Business Phone No. <b>401-683-5754</b>			5. State of Incorporation RHODE ISLAND			
6. Brief description of the chara THE CONSTRUCTION	acter of business	conducted in Rhode Island OF RESIDENTIAL RE	AL ESTATE			
LIST ALL OFFICERS (NAM	เรื่องไม่การเกิดเรื่อ	।इद्धान्त्रक्ष क्षा क्षा क्षा क्षा क्षा क्षा क्षा क	हर्स्यः।ग्राच्याहरू	1		
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 <b>02871</b>	City MIDDLETOWN	State <b>RI</b>	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 <b>02871</b>	City PORTSMOUTH	State <b>RI</b>	Zip 02871	
8. LIST ALL DIRECTORS (NA	MES AND ADI	)RESSES) (#X# BOX FOR	ATTACHMENT)	من کی داد کا میں ایک کا کی داد کا		
Director Name N/A			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	TO THE STREET OF THE STREET		10. SHARES ISSUED	(#X#BOX FOR ATTACH	MENT)	
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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.			100	COMMON	NO PAR	
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Form No. 630	-

**FILED** 

JAN 28 2014

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

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LORI A. RINKEL, SECRETARY

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012