



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				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	
				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