

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 2015

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 ·		LE THIS REPORT BY N	MARCH 31 WILL RESU	ILT IN A \$25.00 PENA	ALTY FEE.	
794802	ľ	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.			5. State of Incorporation			
(845) 225-2336 6. Brief description of the character of business conducted in Rhode Island			New York			
i. Brief description of the cl Residential constru		s conducted in Rhode Islan	d			
Alexander Ville Grand State Co.		and the second s	miteriorio il secono		Control of the Section	
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	Ζίρ 12582	
	NAMES AND AD	HERSEN) (T. BOX FOR				
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	I		Director Name	1222		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
, SHARES AUTHORIZED	racia de la compa		10. SHARES ISSUED	"X" BOX FOR ATTACH		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. see Section 9 of instruction sheet.			0	common	\$1.00 par value	
		corporation by an authorize	nd representative. If the co	rporation is in the hands	of a receiver or trustee	
-	this report mu	st be executed on behalf of	the corporation by the rec	ceiver or trustee.	·	
FEB 0 5 2015			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.			
			Jatricia !	Colucai	1/28/14	
By a consideration of the constraint	verse on a granter	9625	Signature of Authorize		Date	
FOR SECRETARY OF STATE USE OFICE			- Patricia Colucci			
arm No. 630	range and the second of the second of		Print or Type Name of	f Authorized Representat	ive	

Form No. 630 Revised: 01/2012