



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

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.

2016

1. Entity ID No. 4523		2. Exact name of the Corporation Columbia Homes, Inc		
3. Principal office address 211 Atlantic Ave		City Providence	State RI	Zip 02907
4. Business Phone No. 401-885-7421		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Real Estate				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Abraham Konoff		Vice-President Name Abraham Konoff		
Street Address 211 Atlantic Ave		Street Address 211 Atlantic Ave		
City Providence	State RI	Zip 02907	City Providence	State RI
Secretary Name Abraham Konoff		Treasurer Name Abraham Konoff		
Street Address 211 Atlantic Ave		Street Address 211 Atlantic Ave		
City Providence	State RI	Zip 02907	City Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		600 shares no par value		

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

Form No. 630
Revised: 01/2012

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.

FILED

FEB 29 2016

2016 12276

Signature of Authorized Representative

Abraham Konoff

Print or Type Name of Authorized Representative

Date

1-20-16