



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 **2016**

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. 842490		2. Exact name of the Corporation Linehan Custom Homes, Inc.		
3. Principal office address 12 Castle Hill Road		City Pawcatuck	State CT	Zip 06379
4. Business Phone No. 860-599-2234		5. State of Incorporation Connecticut		
6. Brief description of the character of business conducted in Rhode Island Home building and renovation				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) IN "X" BOX FOR ATTACHMENT <input type="checkbox"/>				
President Name Karen O. Linehan		Vice-President Name		
Street Address 12 Castle Hill Road		Street Address		
City Pawcatuck	State CT	Zip 06379	City	State
Secretary Name Paul F. Linehan		Treasurer Name		
Street Address 12 Castle Hill Road		Street Address		
City Pawcatuck	State CT	Zip 06379	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) IN "X" BOX FOR ATTACHMENT <input type="checkbox"/>				
Director Name none		Director Name none		
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
		none	none	none

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

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.

Paul F. Linehan 5/31/2016
 Signature of Authorized Representative Date

Paul F. Linehan
 Print or Type Name of Authorized Representative

FILED *or*
JUN 02 2016

BY 11001