RI SOS Filing Number: 201609153360 Date: 09/21/2016 2:21 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2016 SEP 21 PM 2:11

1. Entity ID Number	2. Exact name of the Corporation		
000144955	CASTLE INSPECTIONS INC.		
3. Principal Office Address	City	State	Zip
25 THOMAS STREET	BARRINGTON	RI	02806
4. Business Phone Number	5. State of Incorporation		
401-480-4784	RI		

6. Brief description of the character of business conducted in Rhode Island

HOME INSPECTIONS

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
DOUGLAS G ROACH					
Street Address			Street Address		
25 THOMAS STREET					
City	State	Zip	City	State	Zip
BARRINGTON	RI	02806			
Secretary Name			Treasurer Name		
SUSAN E. GUIKEMA-ROACH			SUSAN E. GUIKEMA-ROACH		
Street Address			Street Address		
25 THOMAS STREET			25 THOMAS STREET		
City	State	Zip	City	State	Zip
BARRINGTON	RI	02806	BARRINGTON	RI	02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
DOUGLAS G ROACH			SUSAN E. GUIKEMA-ROACH		
Street Address			Street Address		
25 THOMAS STREET			25 THOMAS STREET		
City	State	Zip	City	State	Zip
BARRINGTON	RI	02806	BARRINGTON	RI	02806

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		$0.00

11. 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.

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.

Name of Authorized Representative	Date
DOUGLAS G ROACH	9/21/16

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

SEP 21 2016

BY CA 284059

2:21

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
142326-2-1130381

FORM 630 - Revised: 05/2016