

State of Rhode Island and Providence Plantations

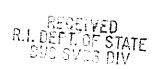
Department of State - Business Services Division

Annual Report for the year: 2015

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.



2016 SEP 21 PM 2: 11

4. E-19. 15 M1	1 0 =	£ ()						
1. Entity ID Number 000144955	2. Exact name of the Corporation CASTLE INSPECTIONS INC.							
3. Principal Office Address				City State Zip				Zip
25 THOMAS STREET				BARRING	STON	RI		02806
4. Business Phone Number				5. State of Incorporation				
401-480-4784				RI				
6. Brief description of the cha	racter of busines	s con	ducted in Rhode	sland	•••			
HOME INSPECTIONS								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name DOUGLAS G ROACH				Vice-President Name				
Street Address 25 THOMAS STREET				Street Address				
City BARRINGTON			Zip 02806	City		State		Zip
Secretary Name SUSAN E. GUIKEMA-ROACH				Treasurer Name SUSAN E. GUIKEMA-ROACH				
Street Address 25 THOMAS STREET				Street Address 25 THOMAS STREET				
City BARRINGTON	State RI	Zip ()2806	City BARRINGTON		State RI		^{Zip} 02806
8. List ALL directors (names and addresses)				Check the box to indicate an attachment				
Director Name DOUGLAS G ROACH				Director Name SUSAN E. GUIKEMA-ROACH				
Street Address 25 THOMAS STREET				Street Address 25 THOMAS STREET				
City BARRINGTON	Ctoto Zin)2806	City BARRINGTON		State RI		^{Zip} 02806
9. Shares Authorized	10. Shares Iss	10. Shares Issued Check the box to indicate an attachmen						
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CI			LASS/SERIES PAR VALUE		
			100				(O. 90	
11. This report must be execu	ted on behalf of t	he co	rporation by an	authorized r	epresentative. If the	he corporation is	in the h	ands of a receiver
or trustee, this report must be Under penalty of perjury, I d	executed on ben	alt of	the corporation	by the recei	ver or trustee.	v accompanyin	a sobod	ulan and
statements, and that all stat	ements contain				ore, including an	y accompanyin	y scheu	ules allu
Name of Authorized Represer				Date	'			
DOUGLAS G ROACH				721	46			
Signature of Authorized Repre	esentative						,	
B >			SIGN DOC	UMENT H	HERE			
					E11 1	-D /		.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 21 2016

BY An 284059

FORM 630 - Revised: 05/2016