



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2013

Corporation

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

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BUS SVCS DIV

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1. Entity ID Number <b>000144955</b>		2. Exact name of the Corporation <b>CASTLE INSPECTIONS INC.</b>	
3. Principal Office Address <b>25 THOMAS STREET</b>		City <b>BARRINGTON</b>	State <b>RI</b>
		Zip <b>02806</b>	
4. Business Phone Number <b>401-480-4784</b>		5. State of Incorporation <b>RI</b>	
6. Brief description of the character of business conducted in Rhode Island <b>HOME INSPECTIONS</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>DOUGLAS G ROACH</b>		Vice-President Name	
Street Address <b>25 THOMAS STREET</b>		Street Address	
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	
Secretary Name <b>SUSAN E. GUIKEMA-ROACH</b>		Treasurer Name <b>SUSAN E. GUIKEMA-ROACH</b>	
Street Address <b>25 THOMAS STREET</b>		Street Address <b>25 THOMAS STREET</b>	
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>DOUGLAS G ROACH</b>		Director Name <b>SUSAN E. GUIKEMA-ROACH</b>	
Street Address <b>25 THOMAS STREET</b>		Street Address <b>25 THOMAS STREET</b>	
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>0.00</b>
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. <b>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.</b>			
Name of Authorized Representative <b>DOUGLAS G ROACH</b>		Date <b>9/21/16</b>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 05/2016