



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 000144955		2. Exact name of the Corporation CASTLE INSPECTIONS INC.			
3. Principal Office Address 25 THOMAS STREET		City BARRINGTON	State RI	Zip 02806	
4. Business Phone Number 401-480-4784		5. State of Incorporation 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 <input type="checkbox"/>					
President Name DOUGLAS G ROACH			Vice-President Name		
Street Address 25 THOMAS STREET			Street Address		
City BARRINGTON	State RI	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 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DOUGLAS G ROACH			Director Name SUSAN E. GUIKEMA-ROACH		
Street Address 25 THOMAS STREET			Street Address 25 THOMAS STREET		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		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 DOUGLAS G ROACH					Date 9/21/16
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