



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2008

Corporation

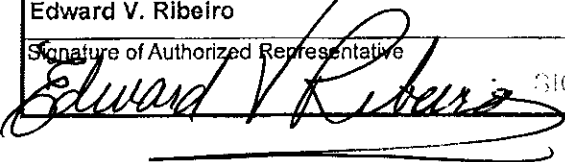
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

2016 SEP 30 PM 1:43

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 000017454		2. Exact name of the Corporation Homeland Builders, Inc.			
3. Principal Office Address 465 Sykes Road		City Fall River		State MA	Zip 02720
4. Business Phone Number (508) 677-0401		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Constructing, owning and dealing in real property					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward V. Ribeiro			Vice-President Name Edward V. Ribeiro		
Street Address 19 Fairbanks Avenue			Street Address 19 Fairbanks Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Edward V. Ribeiro			Treasurer Name Edward V. Ribeiro		
Street Address 19 Fairbanks Avenue			Street Address 19 Fairbanks Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward V. Ribeiro			Director Name		
Street Address 19 Fairbanks Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
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 <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES CNP	PAR VALUE \$0.0000	
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 Edward V. Ribeiro				Date September 21, 2016	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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

FILED

SEP 30 2016

By AR 284896

FORM 630 - Revised: 05/2016