



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2006

Corporation

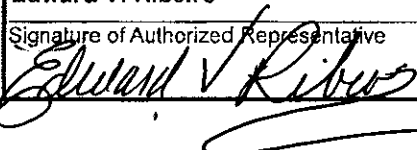
→ Filing period: January 1 - March 1

→ 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. SERVICES 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	City East Providence	State RI
Zip 02914		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	City East Providence	State RI
Zip 02914		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	City	State
Zip 02914		Zip	
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	
		100	CNP
			\$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.scs.ri.gov

FILED

SEP 30 2016

By 284896