



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 56972		2. Exact name of the Corporation <i>Home United Remodeling & Interiors INC.</i>			
3. Principal office address 285 NORTH RD		City PASCOAG	State R.I.	Zip 02859	
4. Business Phone No. 401-725-9449		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island HOME IMPROVEMENTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JERRY PRETE			Vice-President Name MARGARET PRETE		
Street Address 285 NORTH RD			Street Address 285 NORTH RD		
City PASCOAG	State R.I.	Zip 02859	City PASCOAG	State R.I.	Zip 02859
Secretary Name JAMES PRETE			Treasurer Name JERRY PRETE		
Street Address 978 SMITHFIELD AVE			Street Address 285 NORTH RD		
City LINCOLN	State R.I.	Zip 02865	City PASCOAG	State R.I.	Zip 02859
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300		
			NO PAR VALUE		

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date 1/10/17

Print or Type Name of Authorized Representative
Jerry Prete

FILED

JAN 17 2017

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