



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

Annual Report for the year: 2017
Corporation

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

FILED

JAN 25 2017

BY

1276

1. Entity ID Number 916162		2. Exact name of the Corporation 117 Builders, Inc.									
3. Principal Office Address 117 Beechwood Drive				City Cranston		State RI	Zip 02921				
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island Real Estate									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Gerald J. McGraw				Vice-President Name Gerald J. McGraw							
Street Address 117 Beechwood Drive				Street Address 117 Beechwood Drive							
City Cranston		State RI	Zip 02921	City Cranston		State RI	Zip 02921				
Secretary Name Gerald J. McGraw				Treasurer Name Gerald J. McGraw							
Street Address 117 Beechwood Drive				Street Address 117 Beechwood Drive							
City Cranston		State RI	Zip 02921	City Cranston		State RI	Zip 02921				
8. List ALL directors (names and addresses) Check the box to indicate an 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 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	
				500		Common		No Par Value			
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 Gerald J. McGraw								Date 01/03/2017			
Signature of Authorized Representative <i>[Signature]</i>								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

FORM 630 - Revised: 10/2016