

	<b>State of Rhode Island and Providence Plantations</b> <b>Office of the Secretary of State</b>	<b>Fee: \$50.00</b>
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		

Business Corporation  
 Annual Report 2017  
 Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)&(d)) is subject to a penalty fee of \$25.00.*

<b>ANNUAL REPORT YEAR: 2017</b>		
1. Corporate ID No. <u>000157127</u>		
2. Name of Corporation <u>Certified Disaster Restoration Corp</u>		
3. Street Address Principal Business Office:		
No. and Street:	<u>15 CLARKSTON STREET</u>	
City or Town:	<u>PROVIDENCE</u>	State: <u>RI</u> Zip: <u>02908</u> Country: <u>USA</u>
4. Business Phone No.		
<u>401-351-1911</u>		
5. State of Incorporation		
State: <u>RI</u>		
<b>ARTICLE III</b>		
Using the following NAICS codes, please select the code that best describes your business.		
NAICS Code	54	
6. Brief Description of the Character of Business Conducted in Rhode Island		
<u>FLOOD AND FIRE MITIGATION &amp; RESTORATION</u>		
7. Names and Addresses of the Officers and Directors:		
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.		
<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL G BOUTHILLETTE	15 CLARKSON STREET PROVIDENCE, RI 02908 USA

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**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized	Total Issued and
			Shares <i>Number of Shares</i>	Outstanding <i>Num of Shares</i>
STK		\$0.0000	2,000.00	0.00

9. 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.

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Dezaray Pieczarka

Business Name: Certified Disaster Restoration

No. and Street: 15 CLARKSTON STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

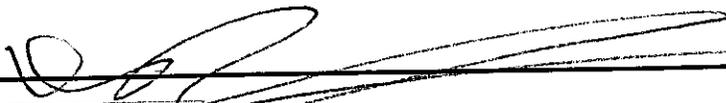
Contact Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 10 Day of January, 2017 at 11:11:02 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By Dezaray Pieczarka  
Signature of Authorized Representative of the Corporation



Make Corrections

Accept

Form No. 630  
Revised 09/07

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