

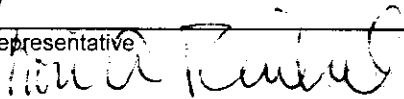


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 20623		2. Exact name of the Corporation Island Design Homes, Inc.									
3. Principal Office Address 210 Cedar Avenue				City Portsmouth		State RI		Zip 02871			
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island The construction and sale of residential 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 Michael L. Rinkel				Vice-President Name John J. Rinkel							
Street Address 210 Cedar Avenue				Street Address 40 Evelyn Circle							
City Portsmouth		State RI		Zip 02871		City Middletown		State RI		Zip 02842	
Secretary Name Lori A. Rinkel				Treasurer Name Michael L. Rinkel							
Street Address 210 Cedar Avenue				Street Address 210 Cedar Avenue							
City Portsmouth		State RI		Zip 02871		City Portsmouth		State RI		Zip 02871	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name N/A				Director Name N/A							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
Director Name N/A				Director Name N/A							
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			
				100		Common		No Par			
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 Lori A. Rinkel, Secretary									Date 2.13.17		
Signature of Authorized Representative 											

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 

FEB 15 2017

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