



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 2017

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. 118746		2. Exact name of the Corporation CALYX HOMES, LTD.			
3. Principal office address 111 MIDDLE STREET		City LINCOLN	State RI	Zip 02865	
4. Business Phone No. (401) 334-9110		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island To engage in construction & alteration of buildings, residential & commercial, and to enter into construction contracts & construction management contracts with owners and subcontractors.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name ROBERT E. BRIERLEY			Vice-President Name JOANNE M. BRIERLEY		
Street Address 111 MIDDLE STREET			Street Address 111 MIDDLE STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name ROBERT E. BRIERLEY			Treasurer Name ROBERT E. BRIERLEY		
Street Address 111 MIDDLE STREET			Street Address 111 MIDDLE STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name NONE			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					
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
			100	COMMON	NO PAR VALUE
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					

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.

FILED
CHRG No.
BY
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 24 2017
4646

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

ROBERT E. BRIERLEY, PRESIDENT

Print or Type Name of Authorized Representative