

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

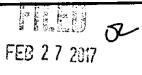
| → Filing Fee: \$50.00→ Penalty: Additional \$2 | 5.00 fee if form is no | t filed by April 1. | | | _ | | |
|---|---|--|---------------------|--------------------|---------------------|-------------------------|--|
| 1. Entity ID Number 298275 | | Exact name of the Corporation Themeli Builders Incorporated | | | | | |
| 3. Principal Office Address 44 Boynton Road | | | City Holliston | | State MA | Zip 01746 | |
| 4. NAICS Code | 6. Brief descri | Brief description of the character of business conducted in Rhode Island | | | | | |
| 23 - Construction | General Cor | General Contractor | | | | | |
| 5. State of Incorporation MA | | | | | | | |
| 7. List ALL officers (names a | and addresses) | | | Check | the box to i | ndicate an attachment 🔲 | |
| President Name Michael P. | Vice-President Name None | | | | | | |
| Street Address 44 Boynton F | Street Address | | | | | | |
| ^{City} Holliston | State MA | ^{Zip} 01746 | City | | State | Zip | |
| Secretary Name None | Treasurer Name None | | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | <u> </u> | State | Zip | |
| 8. List ALL directors (names | Check the box to indicate an attachment | | | | | | |
| 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 | | 10. Shares Is | | | | ndicate an attachment | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES 300 | | Common | Common No Par Value | | |
| Changes require an additiona | al filing. | | | | | | |
| 11. This report must be executrustee, this report must be | evecuted on behalf of | the comoration by | the receiver or th | ustee. | | | |
| Under penalty of periury, I | declare and affirm t | hat I have examir | ned this report, is | ncluding any accor | npanying s | chedules and | |
| Statements, and that all statements contained herein are true and correct. Name of Authorized Representative | | | | | Date | | |
| Michael P. Themeli, President | | | | | • | 4,21,1 | |
| Signature of Authorized Rep | presentative |) • | | | | | |

MAIL TO:

Division of Business Services

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