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.	2. Exact name of the Corporation
106643	Specialty Remodeling Company

3. Principal office address	City	State	Zip
86 Hunts River Drive	North Kingstown	RI	02852

4. Business Phone No.	5. State of Incorporation
401-886-4128	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To own, operate and maintain a business for building, remodeling, rough carpentry and demolition.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Larry A. Lema			Vice-President Name: None		
Street Address: 86 Hunts River Drive			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	City:	State:	Zip:
Secretary Name: Larry A. Lema			Treasurer Name: Larry A. Lema		
Street Address: 86 Hunts River Drive			Street Address: 86 Hunts River Drive		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Larry A. Lema			Director Name:		
Street Address: 86 Hunts River Drive			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NONE

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.

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By:

FILED
MAR 02 2017
2541
BY

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.

Larry A Lema — 2/15/17
Signature of Authorized Representative — Date

Larry A. Lema, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012