



Department of State - Business Services Division

STAMP

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 116458		2. Exact name of the Corporation Norman A. Machon Custom Builders, Inc.			
3. Principal Office Address 158 Glen Rock Road			City Exeter	State RI	Zip 02822
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Construction of custom homes.			
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 Norman A. Machon, Jr.			Vice-President Name Pamela J. Machon		
Street Address 158 Glen Rock Road			Street Address 158 Glen Rock Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Pamela J. Machon			Treasurer Name Norman A. Machon Jr.		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Norman A. Machon, Jr.			Director Name Pamela J. Machon		
Street Address same			Street Address same		
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 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			
		50	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. <i>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.</i>		Name of Authorized Representative Norman A. Machon, Jr. 		Date 3-16-17	
Signature of Authorized Representative		SIGN DOCUMENT HERE FILED			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040

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