



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 <u>102493</u>		2. Exact name of the Corporation <u>Colonial Building Inc</u>			
3. Principal Office Address <u>1845 Smith Street</u>		City <u>No. Prov</u>	State <u>RJ</u>	Zip <u>02911</u>	
4. NAICS Code <u>53</u>		6. Brief description of the character of business conducted in Rhode Island <u>RENTAL</u>			
5. State of Incorporation <u>RJ</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>JEFFREY MAXWELL</u>			Vice-President Name <u>SAME</u>		
Street Address <u>1845 Smith St</u>			Street Address		
City <u>No. Prov</u>	State <u>RJ</u>	Zip <u>02911</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
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 <u>SAME</u>			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 Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <u>500,000</u>	CLASS/SERIES <u>—</u>	PAR VALUE <u>1.00</u>	
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 the accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <u>JEFFREY MAXWELL</u>					Date <u>2-22-17</u>
Signature of Authorized Representative <u>Jeffrey Maxwell</u>					

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

MAR 20 2017

By 4549

FORM 630 - Revised: 02/2017