



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 102493		2. Exact name of the Corporation Colonial Building Inc			
3. Principal Office Address 1845 Smith Street		City No. PROV	State RJ	Zip 02911	
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island RENTAL			
5. State of Incorporation RJ					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JEFFREY MARWELL		Vice-President Name SAME			
Street Address 1845 Smith St		Street Address			
City No PROV	State RJ	Zip 02911	City	State	Zip
Secretary Name SAME		Treasurer Name SAME			
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 SAME		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			Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State.		NUMBER OF SHARES 500.COM1	CLASS/SERIES —	PAR VALUE 1.00	
Changes require an additional filing.					
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 the accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative JEFFREY MARWELL				Date 2-22-17	
Signature of Authorized Representative 					

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