



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 88158		2. Exact name of the Corporation FIVE STAR BUILDERS, INC.												
3. Principal Office Address 1441 Park Avenue			City Cranston	State RI	Zip 02920									
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island To improve, manage and operate real property.													
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 Ronald B. Bello			Vice-President Name Ronald B. Bello											
Street Address 188 Legion Way			Street Address 188 Legion Way											
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910									
Secretary Name Ronald B. Bello			Treasurer Name Ronald B. Bello											
Street Address 188 Legion Way			Street Address 188 Legion Way											
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Ronald B. Bello			Director Name None											
Street Address 188 Legion Way			Street Address											
City Cranston	State RI	Zip 02910	City	State	Zip									
Director Name None			Director Name None											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		100	Common	No Par Value										
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 Ronald B. Bello				Date 3-17-2017										
Signature of Authorized Representative <i>Ronald B. Bello</i>				SIGN DOCUMENT HERE										

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 23 2017
173699
 BY *[Signature]*
 FORM 504 - Revised: 10/2016