



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017  
CorporationRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 MAR 24 PM 2:12

- 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>1256160</u>		2. Exact name of the Corporation <u>Stephen Holmes Properties Inc.</u>	
3. Principal Office Address <u>P.O. Box 3046</u>		City <u>Pawtucket</u>	State <u>RI</u>
4. NAICS Code <u>23</u>		6. Brief description of the character of business conducted in Rhode Island <u>Remodel single family houses.</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Stephen K. Holmes</u>		Vice-President Name	
Street Address <u>1000 York Ave</u>		Street Address	
City <u>Pawt</u>	State <u>RI</u>	Zip <u>02861</u>	
Secretary Name <u>Stephen K. Holmes II</u>		Treasurer Name	
Street Address <u>46 Martin St</u>		Street Address	
City <u>Pawt</u>	State <u>RI</u>	Zip <u>02861</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>0</u>	
		<u>0</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 any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative <u>Stephen K. Holmes</u>		Date <u>3-24-17</u>	
Signature of Authorized Representative <u>Stephen K. Holmes</u>		SIGN DOCUMENT HERE	

FILED

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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FORM 630 - Revised: 02/2017

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