RI SOS Filing Number: 201855556870 Date: 1/2/2018 4:00:00 PM

(A)
W. T.

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.	00 fee if form is no	ot filed by April 1.			_		
Entity ID Number		2. Exact name of the Corporation					
298275	Themeli Bui	Themeli Builders Incorporated					
3. Principal Office Address			City		State	Zip	
44 Boynton Road			Holliston		MA	01746	
4. NAICS Code	6. Brief descr	iption of the charac	ter of business co	onducted in Rhode Is	sland		
238190	General Co	General Contractor					
5. State of Incorporation		1					
MA							
7. List ALL officers (names and	d addresses)			Check	the box to i	ndicate an attachment 🛄	
President Name Michael P. Th	Vice-President Name None						
Street Address 44 Boynton Ro	Street Address						
City Holliston	State MA	^{Zip} 01746	City		State	Zip	
Secretary Name None	tary Name None			Treasurer Name None			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	nd addresses)	•	- 1-		the box to i	ndicate an attachment 🔲	
Director Name None			Director Name	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 This information is currently of record in the		10. Shares Issued		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State.		300		Common		No Par Value	
Changes require an additional f	Aling.				·		
11. This report must be execut trustee, this report must be ex-					ration is in	the hands of a receiver or	
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 Date							
Michael P. Themeli, Preside		12/21/17					
Signature of Authorized Repre	esentative	SIGN DO	CUMENT HE	RE			
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 2 2018

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