



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

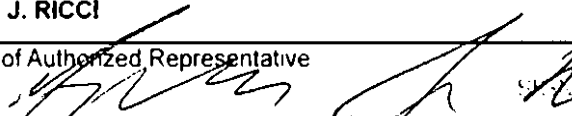
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 18 2018

BY

13717 *ea*

1. Entity ID Number 7533		2. Exact name of the Corporation T.J.HOME BUILDERS, INC.			
3. Principal Office Address 287 WM. REYNOLDS ROAD		City EXETER		State RI	Zip 02822
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION AND SALE OF HOMES			
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 THOMAS J. RICCI			Vice-President Name JO-ANNE RICCI		
Street Address 287 WM. REYNOLDS ROAD			Street Address 287 WM. REYNOLDS ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name THOMAS J. RICCI			Treasurer Name JO-ANNE RICCI		
Street Address 287 WM. REYNOLDS ROAD			Street Address 287 WM. REYNOLDS ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name THOMAS J. RICCI			Director Name JO-ANNE RICCI		
Street Address 287 WM. REYNOLDS ROAD			Street Address 287 WM. REYNOLDS ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	NO PAR	
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 THOMAS J. RICCI				Date 1/15/18	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov