



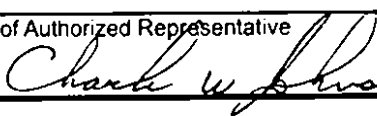
State of Rhode Island and Providence Plantations

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.

1. Entity ID Number 10700		2. Exact name of the Corporation Midland Builders, Inc.			
3. Principal Office Address 1375 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 53 1110		6. Brief description of the character of business conducted in Rhode Island Buy, sell, construct, develop and/or manage real estate			
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 Charles W. Johnson			Vice-President Name		
Street Address 40 Melbourne Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Charles W. Johnson			Treasurer Name Charles W. Johnson		
Street Address 40 Melbourne Road			Street Address 40 Melbourne Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles W. Johnson			Director Name		
Street Address 40 Melbourne Road			Street Address		
City Warwick	State RI	Zip 02886	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. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000	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. 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 Charles W. Johnson				Date 1-14-18	
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

JAN 25 2018

FORM 630 - Revised: 10/2017

BY 5225