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148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website www.sos.ji.gov

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

State Suffices From Lord Harmons Cliffee State State Riverside River	001328656	2 Name of Cor Taylor I	Made Home Improvement	ts, Inc.		
Rhode Island Therefore Previous of the Character of Business Conducted in Blonde Island General contracting 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Previous Name Taylor G. St. Onge Street Address 150 Becker Avenue (II)		usiness Office		· /	l l	1 '
General contracting 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Free Persident Name Taylor G. St. Onge Street Address Street Address	7367	210	Rhode Island			
150 Becker Avenue	General contracting 7. NAMES AND ADDRI President Name	ľ		,	L IN SPACES BEFORE (SSING ATTACHMENT
Riverside RI 02915 Secretary Name Taylor G. St. Onge Taylor G. Staylor G. Staylor Onge Taylor Address Taylor G. Staylor Address Taylor Addres				Street Address		
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150 Becker Avenue 150 Becker Avenue	·			•		
Riverside RI 02915 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMEN Director Name Street Address City State Zip City State Zip Director Name Street Address City State Zip City State Zip 9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED: ("					nue	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)			1 -			
State Zip City State Zip Director Name		ESSES OF THE DIR	ECTORS: ("X" BOX FOR AT		ILL IN SPACES BEFORE	EUSING ATTACHMEN
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This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. ISSUED SHARES THIS SECTION MEST BE COMPLETED **Number of Shares** Class Series** Par Value** 100 common shares \$.01 par value**	Cay	State	7.p	City	State	Zip
State. Changes require an additional filing. See Section 9 of instruction sheet.	9. SHARES AUTHORIZ	CED: ("X" BOX FOI	 RATTACHMENT)	ISSUED SHARES THIS S	SECTION MUST BE COMPLETED	D
instruction sheet.						Par Value
1. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a received						
	1. This report must be	executed on behalf	of the corporation by an auth	1orized representative	: : : : : : : : : : : : : : : : : : :	the hands of a receive
			I have examined this report, incl	uding any accompanyin	ig schedules and statement	ts, and that all statement
fer penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement tained herein are frue and correct.	14////-	<u> </u>				-18
tained herein are frue and correct. 1-23-18	and G. St. Once				Date .	
1-23-18 Pare Date	avior G. St. Unde					
tained herein are frue and correct. 1-23-18					,	

Form 630 - Revised: 10/2016 -