



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
STAMP
 JAN 31 2018

BY 1129900

1. Entity ID Number 100507		2. Exact name of the Corporation New Age Builders, Inc.			
3. Principal Office Address 63 Blaisdell Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island To engage in the business of the management of construction, reconstruction, restoration and repair of the residential & commercial buildings and structures			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Nick Paclorek			Vice-President Name		
Street Address 63 Blaisdell Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Nick Paclorek			Treasurer Name Nick Paclorek		
Street Address 63 Blaisdell Avenue			Street Address 63 Blaisdell Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nick Paclorek			Director Name		
Street Address 63 Blaisdell Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	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		CLASS/SERIES	PAR VALUE
		900		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 Nick Paclorek					Date 1/24/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040