

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

**FILED**

Annual Report for the year: 2018  
 Corporation

JAN 31 2018

BY 9488ed

- 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 <u>135179</u>		2. Exact name of the Corporation <u>STOCKADE BUILDING, INC</u>			
3. Principal Office Address <u>236 RAM ISLAND RD</u>			City <u>CHARLESTOWN</u>	State <u>RI</u>	Zip <u>02813</u>
4. NAICS Code <u>23611</u>		6. Brief description of the character of business conducted in Rhode Island <u>GEN'L CONTRACTOR FOR NEW SINGLE FAMILY HOMES &amp; REMODELING</u>			
5. State of Incorporation <u>CT</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>CRAIG DOUGLAS</u>			Vice-President Name		
Street Address <u>236 RAM ISLAND</u>			Street Address		
City <u>CHARLESTOWN</u>	State <u>RI</u>	Zip <u>02813</u>	City	State	Zip
Secretary Name <u>BARBARA DOUGLAS</u>			Treasurer Name <u>CRAIG DOUGLAS</u>		
Street Address <u>236 RAM ISLAND</u>			Street Address <u>236 RAM ISLAND</u>		
City <u>CHARLESTOWN</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>CHARLESTOWN</u>	State <u>RI</u>	Zip <u>02813</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>CRAIG DOUGLAS</u>			Director Name <u>Robert DOUGLAS</u>		
Street Address <u>236 RAM ISLAND RD</u>			Street Address <u>12 MORNING RD</u>		
City <u>CHARLESTOWN</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>Richmond</u>	State <u>RI</u>	Zip <u>02892</u>
Director Name <u>BARBARA DOUGLAS</u>			Director Name		
Street Address <u>236 RAM ISLAND RD</u>			Street Address		
City <u>CHARLESTOWN</u>	State <u>RI</u>	Zip <u>02813</u>	City	State	Zip
9. Shares Authorized <u>20,000 Comm, No PAR</u>		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>A/I</u>	PAR VALUE <u>SHARES ARE WITHOUT VALUE</u>	
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.					
<b>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.</b>					
Name of Authorized Representative <u>CRAIG DOUGLAS, President</u>					Date <u>1/28/18</u>
Signature of Authorized Representative <u>Craig Douglas</u>					