



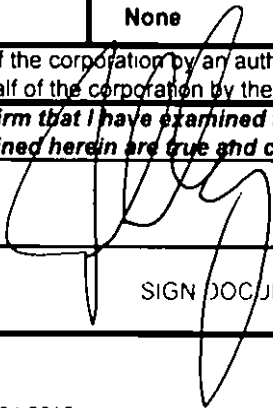
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 16 AM 10:33

1. Entity ID Number 000307088		2. Exact name of the Corporation Integrated Builders, Inc.			
3. Principal Office Address 302 Weymouth Street, Suite 203			City Rockland	State MA	Zip 02370
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island General Contractor Construction/Renovating Shopping Centers and Office Buildings.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John P. Dacey			Vice-President Name None		
Street Address 19 Edgewood Park			Street Address None		
City Norwell	State MA	Zip 02061	City None	State None	Zip None
Secretary Name John P. Dacey			Treasurer Name John P. Dacey		
Street Address 19 Edgewood Park			Street Address 19 Edgewood Park		
City Norwell	State MA	Zip 02061	City Norwell	State MA	Zip 02061
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name John P. Dacey			Director Name None		
Street Address 19 Edgewood Park			Street Address None		
City Norwell	State MA	Zip 02061	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100.00	CWP	\$25,000.0000
			None	None	None
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 John P. Dacey					Date 2/15/2018
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
Website: www.sos.ri.gov

FILED

FEB 16 2018

166 324469
10:35