State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 16 AM 10: 33

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	2. Exact name of the Corporation
000307088	Integrated Builders, Inc.

3. Principal Office Address	City	State	Zip
302 Weymouth Street, Suite 203	Rockland	MA	02370

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100.00	CWP	$25,000.0000
Changes require an additional filing.	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	Date
John P. Dacey	2/15/2018

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 16 2018

LL 324469
10:35

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

FORM 630 - Revised: 10/2017