RI SOS Filing Number: 201859066960 Date: 2/23/2018 4:00:00 PM State of Rhode Island and Providence Plantations **Department of State - Business Services Division** STAMP Annual Report for the year: 2018 Corporation → Filing period: January 1 - March 1 → Filing Fee. \$50.00 ck #- 5698 1/17/18 → Penalty Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 2. Exact name of the Corporation 73557 Orchard Oaks Builders, Inc. Principal Office Address City State ά 10 Orchard Avenue Greenville RI 02828 4. NAICS Code Brief description of the character of business conducted in Rhode Island 236115 Business of builders and contractors State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name Sharon A. Gizzarelli President Name Albert S. Gizzarelli, Sr. Street Address 10 Orchard Avenue Street Address
10 Orchard Avenue State RI State RI City Greenville City Greenville ^{Zip} 02828 ^{Zip} 02828 Secretary Name Sharon A. Gizzarelli Treasurer Name Albert S. Gizzarelli, Sr. Street Address 10 Orchard Avenue Street Address 10 Orchard Avenue City Greenville State RI State Zip 02828 City Greenville Žip 02828 RI 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Sharon A. Gizzarelli Director Name Albert S. Gizzarelli, Sr. Street Address 10 Orchard Avenue Street Address 10 Orchard Avenue State RI Zıp 02828 City Greenville State Greenville 02828 Director Name Director Name Albert S. Gizzarelli, Jr. Street Address 116 Swan Road Street Address State Zip 02917 City State Zιp **Smithfield** RI 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES PAR VALUE CLASS/SERIES Department of State. 100 Common No Par Changes require an additional filing. 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 Sharon A. Gizzarelli

MAIL TO:

Sharon a. Luggarelli DOCUMENT HERE

Signature of Authorized Representative

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

Orchard Oaks Builders, Inc. ID 73557

2018 Annual Report -Attachment

Vice-President: Albert S. Gizzarelli, Jr.

116 Swan Road

Smithfield, RI 02917