RI SOS Filing Number: 201859275830 Date: 2/26/2018 4:00:00 PM

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.

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H	lL	 :ט

1. Entity ID Number	2 Eyact nam	e of the Corporatio	n					
916162	L	2. Exact name of the Corporation 117 Builders, Inc.						
			City		State	Zip		
Principal Office Address 117 Beechwood Drive			Cranston		RI	02921		
					<u>l</u>			
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
53	Real Estate	Real Estate						
State of Incorporation						'		
Rhode Island								
7. List ALL officers (names a	nd addresses)			Check	the box to in	dicate an attachment 🔲		
President Name Gerald J. McGraw			Vice-President Name Gerald J. McGraw					
Street Address 117 Beechwood Drive			Street Address 117 Beechwood Drive					
City Cranston	State RI	^{Zip} 02921	City Cransto	n	State RI	Z _{IP} 02921		
Secretary Name Gerald J. Mo	Geretary Name Gerald J. McGraw			Treasurer Name Gerald J. McGraw				
Street Address 117 Beechwood Drive			Street Address 117 Beechwood Drive					
City Cranston	State RI	^{Zip} 02921	City Cranston		State RI	^{Zip} 02921		
8. List ALL directors (names	and addresses)				k the box to in	ndicate an attachment		
Director Name			Director Name	!				
Street Address			Street Address					
Gueer Address				direct Address				
City	State	Zip	City	·	State	Zip		
Director Name			Director Name					
Street Address			Street Address	Charl Address				
Sileet Address			Sileet Address	•				
City	State	Zıp	City		State	Zip		
9. Shares Authorized		10 Sharee le	beus	Chan	k the hoy to in	ndicate an attachment 🗖		
This information is currently of	of record in the	10. Shares Issued Number of shares		Check the box to indicate an attachment CLASS/SERIES PAR VALUE				
Department of State.		500		Common		No Par Value		
Changes require an additional filing.								
11. This report must be exec	uted on hehalf of the	corporation by an	authorized repres	Entative If the corr	oration is in t	he hands of a receiver or		
trustee, this report must be a					,o.udon is in t			
Under penalty of perjury, I	declare and affirm	that I have examir	ned this report, i		mpanying s	chedules and		
statements, and that all statements contained herein are true and co Name of Authorized Representative					Date			
Gerald J. McGraw								
	waa a m t Osio -							
Signature of Authorized Rep	reserve	SIGN DO	OOUMENT 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

FORM 630 - Revised: 10/2017