RI SOS Filing Number: 201859297670 Date: 2/26/2018 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division				FILED	
Annual Report for the yea Corporation	r: 2018			FEB 26 2018	
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 				BY 1080	
1. Entity ID Number 2. Exact name of the Corporation					
001659977	HOMECRAFT BUILDING + REMODELING, FIX.				
3. Principal Office Address			City	State Zip	
108 STONY ACRE DR.			CRANSTON	RI 02920	
4. NAICS Code 6. Brief description of the character					
236118	RESIDENTIAL REMODELING, INTERIOR AND				
5. State of Incorporation R. 7	State of Incorporation ExTEDIAN HOME ADDAING				
7. List ALL officers (names and addr	esses)			the box to indicate an attachment. I	
President Name THOMAS MURO		Vice-President Name			
Street Address 108 STOM ACCE DR.		Street Address			
CITY CRANSTON	State RF	ZIF 02920	City	State	
Secretary Name			Treasurer Name		
Street Address		Street Address			
City	State	Zip	City	State	
List ALL directors (names and addresses)			· · · · · · · · · · · · · · · · · · ·	the box to indicate an attachment.	
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	
Director Name			Director Name		
Street Address		Street Address			
City	State	Zip	City	State	
9. Shares Authorized		10. Shares Issue		the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SH	CLASS/SERIES	D, O O	
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 perfury, 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					
				2/23/18	
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