

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.

FILED	
FEB 2 6 2018	יין
BY 1080	

Entity ID Number 2, Exact name of the Corporation						
001659977 HOMECRAFT BUILDING + REMODEUNG, FIX.						
3. Principal Office Address			City	State Zip		
108 STONY ACRE DR.			CRANSTON	RI 02920		
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
236118 RESIDENTIAL REMODELING, INTERIOR AND						
5. State of Incorporation EXTERIOR HOME REPAIRS						
7. List ALL officers (names and addr	esses)		Check	the box to indicate an attachment		
President Name THOMAS MURO			Vice-President Name			
Street Address 108 STOM ACCE DR.			Street Address			
CITY CRANSTON	State RF	21 02920	City	State		
Secretary Name				Treasurer Name		
Street Address			Street Address			
City	State	Zi¢	City	State Zip		
8. List ALL directors (names and add	dresses)	<u> </u>	Check	the box to indicate an attachment		
Director Name Director Name						
Street Address			Street Address			
City	State	Zip	City	State Zip		
Director Name Director Name						
Street Address			Street Address			
City	State	Zip	City	State Zip		
9. Shares Authorized		10. Shares Issue	d Check	the box to indicate an attachment		
This information is currently of record	I in the	NUMBER OF SH		S PAR VALUE		
Department of State.		11500	_ LOWP	0.00		
Changes require an additional filing.	es 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 an 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						
Stamus Muso THOMAS MURD			2/23/18			
Signature of Authorized Representative SIGN DOCUMENT HERE						

Phone: (401) 222-3040 Website: www.sos.n.gov