



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.

1. Entity ID Number 154910		2. Exact name of the Corporation David E. Michael Distinctive Homes, Inc			
3. Principal Office Address 855 Aquidneck Avenue, No. 2			City Middletown	State RI	Zip 02842
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island General construction and related activities			
5. State of Incorporation Rhode Island		<i>23018</i>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David E. Michael			Vice-President Name		
Street Address 31 Earl Ave			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name David E. Michael			Treasurer Name		
Street Address 31 Earl Ave			Street Address		
City Newport	State RI	Zip 02842	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		common	\$.01
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 David E. Michael					Date 2/19/18
Signature of Authorized Representative <i>David E. Michael</i>					
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

FILED

MAR 02 2018
 BY *0803 DS*