



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		23618			
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500	common	\$01	
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 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

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FORM 630 - Revised: 10/2016