



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.

STAMP

1. Entity ID Number 164376		2. Exact name of the Corporation Traditional Builders, Inc.			
3. Principal Office Address 23D Harrington Road		City Foster		State RI	Zip 02831
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island BUILDING AND REMODELING			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Lombardi			Vice-President Name Linda Lombardi		
Street Address 23D Harrington Road			Street Address 23D Harrington Road		
City Foster	State RI	Zip 02831	City Foster	State RI	Zip 02831
Secretary Name Linda Lombardi			Treasurer Name Paul Lombardi		
Street Address 23D Harrington Road			Street Address 23D Harrington Road		
City Foster	State RI	Zip 02831	City Foster	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul Lombardi			Director Name NONE		
Street Address 23D Harrington Road			Street Address		
City Foster	State RI	Zip 02831	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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
		100	Common	No Par Value	
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 Paul Lombardi					Date 3-8-18
Signature of Authorized Representative <i>Paul Lombardi</i>					SIGN DOCUMENT HERE FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 18 2018
BY *3106 DS*

FORM 630 - Revised: 10/2017