



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000141672		2. Exact name of the Corporation HAABCO CONSTRUCTION, INC.			
3. Principal office address 108 STERN STREET		City JAMESTOWN	State RI	Zip 02835	
4. Business Phone No. 401-996-6178		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REMODELING KITCHENS, BATHROOMS, AND ANY OTHER LAWFUL BUSINESS ACTIVITY <i>236110</i>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SEAN JOUBERT			Vice-President Name SEAN JOUBERT		
Street Address 108 STERN STREET			Street Address 108 STERN STREET		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name KATHRYN JOUBERT			Treasurer Name KATHRYN JOUBERT		
Street Address 108 STERN STREET			Street Address 108 STERN STREET		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SEAN JOUBERT			Director Name KATHRYN JOUBERT		
Street Address 108 STERN STREET			Street Address 108 STERN STREET		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	COMMON	NO PAR

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A. A. 11:16 A.M.

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.


 Signature of Authorized Representative

8-6-18
 Date

SEAN JOUBERT

Print or Type Name of Authorized Representative