



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 000012018		2. Exact name of the Corporation EDGEWOOD HOME BUILDERS, INC.			
3. Principal Office Address 14 CARDINAL ROAD		City CRANSTON		State RI	Zip 02921
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island BUILDING CONTRACTOR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALFRED S. MELOCCARO		Vice-President Name MARY JANE MELOCCARO			
Street Address 14 CARDINAL ROAD		Street Address 14 CARDINAL ROAD			
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name WENDY A. CATALFAMO		Treasurer Name ALFRED S. MELOCCARO			
Street Address 15 MEADOW LARK DRIVE		Street Address 14 CARDINAL ROAD			
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WENDY A. CATALFAMO		Director Name ALFRED S. MELOCCARO			
Street Address 15 MEADOW LARK DRIVE		Street Address 14 CARDINAL ROAD			
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Director Name MARY JANE MELOCCARO		Director Name			
Street Address 14 CARDINAL ROAD		Street Address			
City CRANSTON	State RI	Zip 02921	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
		100		CNP	0.0000
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 WENDY CATALFAMO				Date 9/24/2018	
Signature of Authorized Representative <i>Wendy Catalfamo</i>				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

SEP 27 2018
 BY 200105
 FORM 630 - Revised: 10/2017