RI SOS Filing Number: 201878597360 Date: 10/1/2018 12:52:00 PM

State of Rhode Isla Department of	ind and Providence I of State - Busin	Plantations less Service	REC e s Division CRETA CORPOR	CEIVED RY OF STATE		
Annual Report for th	ie vear:	1018	ČORPOR	ATIONS DIV		
Corporation	<u> </u>	010	2018 OCT -	-1 PH12:51		
→ Filing period, January	/ 1 - March 1		2010 001	•		
→ Filing Fee: \$50.00 → Penalty: Additional \$2	5.00 fee if form is n	ot filed by April	1.			
1. Entity ID Number		ng of the Corpor				
1 de 4528	De	zba '	SCRVICES	Anc.		
3. Principal Office Address	iana A	K Flw	ri Puni	State	zip 0905	
4. NAICS Code	6 Brief desc	ription of the ch	aracter of business condu	icted in Rhode Island		
8/10/50	~ (&)	stru	ction 18	Menine	Remodeling	
5 State of Incorporation			٥٥١٥١٥	MOWAL	removing	
7. List ALL officers (names a	nd addresses)		100 6 0 0		o indicate an attachment 🛄	
michael P. Cri			Vice-President Nam	ı€		
Street Address Andray	a Arre	15+ F	Street Address			
ew	Sizye		City	State	Žip	
Secretary Name	<u> </u>	1000	Treasurer Name			
		Eth 4	i i i i i i i i i i i i i i i i i i i			
Street Address			Street Address			
City	State	Žip	City	State	Zıp	
8. List ALL directors (names	and addresses)			Check the box to	o indicate an attachment	
Director Name		-	Director Name			
Street Address			Street Address	Street Address		
City	S:ate	Zip	City	State	Zip	
Director Name	1	! _	Director Name			
Street Address			Street Address			
City	State	Tasia		12	7-	
City	State	Zip	City	State	Zip	
9. Snares Authorized This information is currently of	of socoed in the	10. Shares	s Issued ERIC! SHARES		o indicate an attachment	
Department of State.	n record in the	10.45	CA G. SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.			U		0.01	
11. This report must be exec	rited on nebalf of the	e corporation by	an authorized represents:	tive. If the corneration is	in the hands of a service of	
trustee, this report must be a	<u>executed on behalf o</u>	f the corporation	n by the receiver or trustee	e.		
Under penalty of perjury, I statements, and that all st	atements contained	tnat i have exa <u>d here</u> in are tru	mined this report, include and correct.	ding any accompanying	schedules and	
Name of Authorized Representative Date						
Michael V. Gil				10	/1/18	
Signature of Authorized Rep	gesentative	5,0%	on anne d FILE	D	. 1	
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MAIL TO: Division of Business Services			OCT 01	2018	12:52PM	
148 W. River Street, Providence	, Rhode Island 02904-2	2615	22.0	12 H.H.	10.10	

FORM 630 - Revised: 02/2017

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Website: www.sos.ri.gov