



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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

FILED
RECEIVED
JAN 22 2019
STATE OF RHODE ISLAND
DEPARTMENT OF STATE

1. Entity ID Number 20623		2. Exact name of the Corporation Island Design Homes, Inc.			
3. Principal Office Address 210 Cedar Avenue			City Portsmouth	State RI	Zip 02871
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island The construction and sale of residential real estate.			
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 Michael L. Rinkel			Vice-President Name John J. Rinkel		
Street Address 210 Cedar Avenue			Street Address 40 Evelyn Circle		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
Secretary Name Lori A. Rinkel			Treasurer Name Michael L. Rinkel		
Street Address 210 Cedar Avenue			Street Address 210 Cedar Avenue		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			Common		
			No Par		
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 Lori A. Rinkel, Secretary					Date 1/18/19
Signature of Authorized Representative <i>Lori A. Rinkel</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

JAN 22 2019

BY

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FORM 630 - Revised: 10/2016