



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

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.

FILED  
 JAN 22 2019  
 PROVIDENCE, RI

1. Entity ID Number <b>20623</b>		2. Exact name of the Corporation <b>Island Design Homes, Inc.</b>			
3. Principal Office Address <b>210 Cedar Avenue</b>			City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>231015</b>		6. Brief description of the character of business conducted in Rhode Island <b>The construction and sale of residential real estate.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael L. Rinkel</b>			Vice-President Name <b>John J. Rinkel</b>		
Street Address <b>210 Cedar Avenue</b>			Street Address <b>40 Evelyn Circle</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>Lori A. Rinkel</b>			Treasurer Name <b>Michael L. Rinkel</b>		
Street Address <b>210 Cedar Avenue</b>			Street Address <b>210 Cedar Avenue</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>100</b>		<b>Common</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Lori A. Rinkel, Secretary</b>					Date <b>1/18/19</b>
Signature of Authorized Representative <i>Lori A. Rinkel</i>					SIGN DOCUMENT HERE
					<b>FILED</b>

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 21312 *DS* FORM 630 - Revised: 10/2016