



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.

1. Entity ID Number 118746		2. Exact name of the Corporation CALYX HOMES, LTD.	
3. Principal Office Address 111 MIDDLE STREET		City LINCOLN	State RI
		Zip 02865	
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN CONSTRUCTION & ALTERATION OF BUILDINGS, RESIDENTIAL & COMMERCIAL, AND TO ENTER INTO CONTRUCTION CONTRACTS & CONSTRUCTION MANAGEMENT CONTRACTS WITH OWNERS AND SUBCONTRACTORS.		
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 ROBERT E. BRIERLEY		Vice-President Name JOANNE M. BRIERLEY	
Street Address 111 MIDDLE STREET		Street Address 111 MIDDLE STREET	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
Secretary Name ROBERT E. BRIERLEY		Treasurer Name ROBERT E. BRIERLEY	
Street Address 111 MIDDLE STREET		Street Address 111 MIDDLE STREET	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		100	COMMON
		PAR VALUE	
		NO PAR VALUE	
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 ROBERT E. BRIERLEY, PRESIDENT		Date 01-25-19	
Signature of Authorized Representative 		SIGN DOCUMENT 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

FEB 01 2019

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FORM 630 - Revised: 10/2017