



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.

STAMPFOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 57931		2. Exact name of the Corporation Colony Builders Corporation			
3. Principal Office Address 4 Blanding Road			City Rehoboth	State MA	Zip 02769
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island General contracting of new construction, additions, painting repairs			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Frederick J.A. Borland			Vice-President Name		
Street Address 143 Broad Street			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Secretary Name Albert E Borland			Treasurer Name Albert Borland		
Street Address 8 Blanding Road			Street Address 8 Blanding Rd.		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Frederick J.A. Borland			Director Name		
Street Address 143 Broad Street			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name Albert E Borland			Director Name		
Street Address 8 Blanding Road			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		2000		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 FREDERICK J.A. BORLAND					Date 1/26/19
Signature of Authorized Representative <i>Frederick J.A. Borland</i>					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

FEB 08 2019

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