



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017  
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 103567		2. Exact name of the Corporation Montle Builders Inc.			
3. Principal Office Address 29 South Shore Rd.		City Little Compton		State RI	Zip 02837
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island remodel one and two family dwellings. all finish carpentry.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Timothy P. Montle			Vice-President Name Cathy J. Montle		
Street Address 29 South Shore Rd.			Street Address same		
City Little Compton	State RI	Zip 02837	City	State	Zip
Secretary Name Timothy P. Montle			Treasurer Name Timothy P. Montle		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		CLASS/SERIES	PAR VALUE
		1000	stk	\$0.00	
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. <b>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.</b>					
Name of Authorized Representative Timothy P. Montle					Date 2-21-2019
Signature of Authorized Representative <i>Timothy P. Montle</i>					

SIGN DOCUMENT HERE

## 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 25 2019

BY ZNE53  
A.A. 1:18 pm

FORM 630 - Revised: 10/2017