RI SOS Filing Number: 201908397870 Date: 7/30/2019 4:00:00 PM



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.

SECRETARY OF STATE	STAMP
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Entity ID Number	Exact nam	2. Exact name of the Corporation						
128576	Historica	Historical Homes Restorations Inc.						
3. Principal Office Address			City		State	Zip		
70 Dexter Road			N. Scituate	· '		02857		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
23615	Home Repa	Home Repair / restoration - General Contracting						
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names ar	nd addresses)			Check	the box to i	ndicate an attachment		
President Name Janice M. Forge			Vice-President Name Randolph J. Forge					
Street Address 70 Dexter Road			Street Address 70 Dexter Road					
City N. Scituate	State RI	^{Zip} 02857	City N. Scituate		State RI	^{Zip} 02857		
Secretary Name Randolph J. Forge			Treasurer Name Randolph J. Forge					
Street Address 70 Dexter Road			Street Address 70 Dexter Road					
City N. Scituate	State RI	^{Zip} 02857	City N. Scituate		State RI	^{Zip} 02857		
8. List ALL directors (names a	and addresses)	<u> </u>		Checl	the box to i	ndicate an attachment		
Director Name Janice M. Forge			Director Name Randolph J. Forge					
Street Address 70 Dexter Road			Street Address 70 Dexter Road					
City N. Scituate	State RI	^{Zip} 02857	City N. Scituate		State RI	^{Zip} 02857		
irector Name		Director Name						
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9 Shares Authorized		10. Shares Issued Ch		Check	the box to i	ndicate an attachment		
This information is currently or	f record in the			CLASS/SERII	LASS/SERIES PAR VALUE			
Department of State.		300	Common		None			
Changes require an additional	filing.							
11. This report must be execu	uted on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in	the hands of a receiver or		
trustee, this report must be ex	xecuted on behalf o	f the corporation by	the receiver or tr	rustee.				
Under penalty of perjury, I o				ncluding any acco	mpanying s	chedules and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date			
Frank R. Saccoccio Esquire - Attorney for the Corporation / Registered Agent for Corporation					07/29/2019			
Signature of Authorized Repp	esentative /	SIGNIDO	OCUMENTED)	•			
Ctun/)	/ (3/3/100	Z SZZ Z PODLINY S – O Dome Sk					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 30 2019 BY & SUBOW

FORM 630 - Revised: 10/2017