



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
STAMP
2019 JUL 30 AM 11:25

1. Entity ID Number 128576		2. Exact name of the Corporation Historical Homes Restorations Inc.												
3. Principal Office Address 70 Dexter Road			City N. Scituate		State RI									
			Zip 02857											
4. NAICS Code 23615		6. Brief description of the character of business conducted in Rhode Island Home Repair / restoration - General Contracting												
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 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										
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										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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										
Director Name			Director Name											
Street Address			Street Address											
City		State		Zip										
City			State		Zip									
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>														
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">300</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">None</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	None			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
300	Common	None												
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 Frank R. Saccoccio Esquire - Attorney for the Corporation / Registered Agent for Corporation					Date 07/29/2019									
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

JUL 30 2019
BY ASBOW