

State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: **2020**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

DEC 20 2019

BY LOLLA OS

1. Entity ID Number 1702678		2. Exact name of the Corporation BUTLER AMERICA HOLDINGS, INC.			
3. Principal Office Address 3820 STATE STREET, SUITE B			City SANTA BARBARA	State CA	Zip 93105
4. NAICS Code 561300		6. Brief description of the character of business conducted in Rhode Island TEMPORARY EMPLOYEES			
5. State of Incorporation CA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT HOUSTON			Vice-President Name		
Street Address 3820 STATE STREET, SUITE B			Street Address		
City SANTA BARBARA	State CA	Zip 93105	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1125			0
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 <i>[Signature]</i>					Date
Signature of Authorized Representative SCOTT HOUSTON <i>[Signature]</i>					

MAIL TO:

Division of Business Services

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

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