



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

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 DEPARTMENT OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2020
 Corporation

2020 JAN 23 PM 2:02

- 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 001686502		2. Exact name of the Corporation FLIP THIS HOUSE Inc.			
3. Principal Office Address 6 WINDSOR CT			City SWANSEA	State MA	Zip 02777
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Remodeling Homes			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOSE N. ESTRELA			Vice-President Name N/A		
Street Address 6 WINDSOR CT			Street Address _____		
City SWANSEA	State MA	Zip 02777	City _____	State _____	Zip _____
Secretary Name N/A			Treasurer Name N/A		
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 N/A			Director Name N/A		
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100%			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 JOSE N. ESTRELA				Date 1/23/2020	
Signature of Authorized Representative 				FILED	

FILED
 JAN 28 2020
 BY W. J. V. V. Q
 2:04