RI SOS Filing Number: 202033294270 Date: 1/27/2020 4:00:00 PM

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
JAN 27 2020
31852

1. Entity ID Number	2. Exact name of the Corporation
001100216	HOBBS, INCORPORATED

3. Principal Office Address	City	State	Zip
27 GROVE STREET	NEW CANAAN	CT	06840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236115	CONSTRUCT/BUILD RESIDENTIAL DWELLING
5. State of Incorporation	
CONNECTICUT	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
SCOTT HOBBS			IAN HOBBS		
Street Address			Street Address		
27 GROVE STREET			27 GROVE STREET		
City	State	Zip	City	State	Zip
NEW CANAAN	CT	06840	NEW CANAAN	CT	06840
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 ☐

Director Name			Director Name		
SAME AS OWNERS					
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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2,350	CWP	10.

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	Date
JOHN KENNEDY	1/22/2020

Signature of Authorized Representative: John K

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

FORM 630 - Revised: 10/2017