



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.

1. Entity ID Number 0000 83502		2. Exact name of the Corporation Houle Building + Restoration Inc.			
3. Principal Office Address 23 Greene St			City W. Warwick	State R.I.	Zip 02893
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Commercial + Residential Construction			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NORMAN G. Houle			Vice-President Name NORMAN J. Houle		
Street Address 40 Rip VAN WINKLE CR.			Street Address 23 Greene St.		
City WARWICK	State RI	Zip 02886	City W. Warwick	State RI	Zip 02893
Secretary Name NORMAN A. Houle			Treasurer Name NANCY A. Houle		
Street Address 40 Rip VAN WINKLE CR			Street Address 23 Greene St		
City WARWICK	State RI	Zip 02886	City W. Warwick	State R.I.	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 5000		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. No PAR value Changes require an additional filing.		NUMBER OF SHARES		CLASS/STRIKES	
		0		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 NORMAN J. Houle				Date 2/18/20	
Signature of Authorized Representative NORMAN J. Houle				FILED	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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