[redacted] Filing Number: 202035157140 Date: 2/25/2020 2:25:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

2020 FEB 25 PM 2:23

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	2. Exact name of the Corporation			
001682710	Creative Builders of Connecticut, Inc.			
3. Principal Office Address: 1477 New Haven Ave.	City: Milford	State: CT.	Zip: 06460	
4. NAICS Code: 236110	6. Brief description of the character of business conducted in Rhode Island: General Contractor for new homes and custom remodeling.			
5. State of Incorporation: CT.				

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

	President Name	Street Address	City	State	Zip
	Peter Arabolos	1477 New Haven Ave.	Milford	CT.	06460
	Vice-President Name	Street Address	City	State	Zip
	James Brindisi	1477 New Haven Ave.	Milford	CT.	06460
	Secretary Name	Street Address	City	State	Zip
	Charlene Brindisi	48 Mohawk Dr.	West Haven	CT.	06516
	Treasurer Name	Street Address	City	State	Zip
	Adeline Arabolas.	1477 New Haven Ave.	Milford	CT.	06460

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

Director Name	Street Address	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
100		

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: Peter Arabolos

Date: 2/19/2020

Signature of Authorized Representative: Peter [signature]

SIGN DOCUMENT HERE

FILED
FEB 25 2020
BY JVKIX
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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: 02/2017