

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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2020 FEB 25 PM 2:23

Annual Report for the year: 2019
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50 00
- Penalty: Additional \$25 00 fee if form is not filed by April 1.

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 BUSINESS SERVICES DIV
 2020 FEB - 17 A 9:55

1. Entity ID Number 001682710		2. Exact name of the Corporation CREATIVE BUILDERS, INC.			
3. Principal Office Address 1477 NEW HAVEN AVENUE			City MILFORD	State CT	Zip 06466
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island REMODELING			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name PETER ARABOLOS			Vice-President Name JAMES BRINDISI		
Street Address 1477 NEW HAVEN AVE			Street Address 48 MOHAWK		
City MILFORD	State CT	Zip 06460-8125	City WEST HAVEN	State CT	Zip 06516
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		
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			
This information is currently of record in the Department of State. Changes require an additional filing.		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 <i>Peter Arabolos</i>					Date 1/28/2020
Signature of Authorized Representative PETER ARABOLOS					

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FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 25 2020
 BY *PL J V X I X*
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 FORM 630 - Revised: 10/2017