RI SOS Filing Number: 202035948090 Date: 3/5/2020 4:00:00 PM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division					FILED		
Annual Report for the year: 2020 Corporation					MAR 0 5 2029 .:		
					16001		
→ Filing period: Jan → Filing Fee. \$50.0	iuary 1 - March 1				BY	2200	
	al \$25.00 fee if form is n	not filed by April 1				$\wedge \wedge \wedge$	
1. Entity-ID Number					(		
.5071	·	ne of the Corporati ent Specialtie					
3 Principal Office Addre	City	City State Zip					
65 Foliage Drive			North Kin	gston	RI	02852	
4. NAICS Code	NAICS Code 6. Brief description of the chara			conducted in Rhor	de Island		
811190	ľ	Restorations					
5 State of Incorporation		_					
Rhode Island							
7. List ALL officers (name	es and addresses)			Ch	ack the how to indica		
President Name Michael L	Vice-Preside	Check the box to indicate an attachment Vice-President Name					
Streel Address	none						
44 Fairlaw	∕n Ave.		Street Addres	SS			
City Oxford	State MA	Zip 01540	City		State	Zip	
Secretary Name Michael L	Treasurer Na	Treasurer Name Michael L. Mancini					
Street Address 44 Fairlaw			Street Addres	ss 44 Fairlawn Ave			
Oxford	State MA	<sup>Zip</sup> 01540	City Oxford		State MA	Zip 01540	
8. List ALL directors (nam Director Name			Internation Name	Che	ck the box to indica	ite an attachment	
Michael L.	Mancini		Director Name	e			
Street Address 44 Fairlawi	Street Addres	Street Address					
Oxford	State MA	Zιρ <b>01540</b>	Cily		State	Zıp	
Director Name			Director Name				
Street Address	Street Address	Street Address					
City	State	Zip	City		Proto		
					State	Zip	
Shares Authorized		10. Shares iss	iued	Chec	ck the box to indicat	le an attachment	
This information is currently of record in the Department of State.		NUMBER OF	FSHARES	CLASS/SERIES PAR VALUE			
Changes require an additional filing.		100		CWP	\$1.	00	
Manges require an addition	nai ming.						
1 This report must be excustee, this report must be	ecuted on behalf of the o	corporation by an a	authorized repres	containe If the con	accation in in the he	1 - 2	
dotec, this report indst be	g executed out penalt of t	tie corboration by i	the receiver or tr	ustee			
Inder penalty of perjury, tatements, and that all s	r, I declare and affirm th	nat i have examine	ed this report, in	ncluding any acco	ompanying schedu	iles and	
lame of Authorized Repre	esentative	ierem are uue am	a correct.	<del>-</del>	Date		
Michael L. Mancini, Pres			3-27	ヌ <i>0</i>			
Signature of Authorized Re	apresentative /	Quel SIGN DOG	JUMPNY HERE	-			
AIL TO:	<u> </u>					<del></del>	

**Division of Business Services** 

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov