



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

FILED

Annual Report for the year: 2020
Corporation

AUG 20 2020

BY 5205 DS

- 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 <u>102493</u>		2. Exact name of the Corporation <u>Colonial Buildings LLC</u>			
3. Principal Office Address <u>1845 Smith Street</u>		City <u>No. Pro</u>	State <u>RI</u>	Zip <u>02911</u>	
4. NAICS Code <u>53120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Rental Commercial</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Jeffrey M. Maxwell</u>		Vice-President Name <u>Same</u>			
Street Address <u>26 J.F. Kennedy Circle</u>		Street Address			
City <u>No Pro</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name <u>NA</u>		Treasurer Name <u>NA</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>JA</u>		Director Name <u>JA</u>			
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>500</u>	<u>Comm</u>	<u>1.00</u>	
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 <u>Jeffrey Maxwell</u>				Date <u>3-23-2020</u>	
Signature of Authorized Representative <u>Jeffrey Maxwell</u>					

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