



State of Rhode Island

## Department of State - Business Services Division

**FILED**

JAN 18 2021

34

7841

Annual Report for the year: 2021

## 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 000103567		2. Exact name of the Corporation Montle Builders Inc.												
3. Principal Office Address 29 South Shore Rd.			City Little Compton	State RI	Zip 02837									
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Building and Remodeling all one and two family dwellings. All interior finish carpentry												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Timothy P Montle			Vice-President Name Cathy Jean Montle											
Street Address 29 South Shore Rd.			Street Address 29 South Shore Rd.											
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837									
Secretary Name Timothy P Montle			Treasurer Name Timothy P Montle											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name None			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>STK</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	0.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		1000	STK	0.00										
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. <b>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.</b>														
Name of Authorized Representative Timothy P Montle				Date 1/4/2021										
Signature of Authorized Representative <i>Timothy P. Montle</i>														