State of Rhode Island

Department of State - Business Services Division

FILED
JAN 18 2021
BY 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	2. Exact name of the Corporation
000103567	Montle Builders Inc.

3. Principal Office Address	City	State	Zip
29 South Shore Rd.	Little Compton	RI	02837

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236118	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) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Timothy P Montle	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) — Check the box to indicate an attachment ☐

Director Name	Director Name
None	
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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.

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	Date
Timothy P Montle	1/4/2021

Signature of Authorized Representative

Timothy P. Montle

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: 08/2020