



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

JAN 20 2021

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 1177 DS

1. Entity ID Number 000052435		2. Exact name of the Corporation Frenchtown Builders, Inc.			
3. Principal Office Address PO Box 703			City East Greenwich	State RI	Zip 02818
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island To buy, sell, alter by construction and construct new buildings for re-sale or lease.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew J. Osmanski			Vice-President Name David Charpentier		
Street Address 211 Chimney Rock Road			Street Address 1 Hill Farm Camp Road		
City North Kingstown	State RI	Zip 02852	City Coventry	State RI	Zip 02816
Secretary Name Matthew J. Osmanski			Treasurer Name Matthew J. Osmanski		
Street Address 211 Chimney Rock Road			Street Address 211 Chimney Rock Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES None	CLASS/SERIES	PAR VALUE 1.00
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 Matthew J. Osmanski				Date 1-10-21	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov