



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

FILED

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 01 2021

BY: 2099 ns

1. Entity ID Number 1663929		2. Exact name of the Corporation COUNTRY HOME BUILDERS, INC.			
3. Principal Office Address 519c Putnam Pike			City Chepachet	State RI	Zip 02814
4 NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island Real Estate development and agricultural products, retail sales, farming			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Christopher Clark			Vice-President Name N/A		
Street Address 519c Putnam Pike			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name Christopher Clark			Treasurer Name Christopher Clark		
Street Address 519c Putnam Pike			Street Address 519c Putnam Pike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			51	common	no par value
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 Christopher Clark, President				Date 1/24/21 ✓	
Signature of Authorized Representative <u>Ch Clark</u>				✓	

MAIL TO:

Division of Business Services

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