



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

FEB 22 2021 AMP

BY

1. Entity ID Number 916162		2. Exact name of the Corporation 117 Builders, Inc.			
3. Principal Office Address 5 Minnesota Avenue, Unit 6			City Warwick	State RI	Zip 02888
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Real Estate				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gerald J. McGraw			Vice-President Name Gerald J. McGraw		
Street Address 5 Minnesota Drive, Unit 6			Street Address 5 Minnesota Drive, Unit 6		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Gerald J. McGraw			Treasurer Name Gerald J. McGraw		
Street Address 5 Minnesota Drive, Unit 6			Street Address 5 Minnesota Drive, Unit 6		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			500	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 Gerald J. McGraw				Date 2-11-21	
Signature of Authorized Representative				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov