



State of Rhode Island

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

STA

MAR 09 2021

BY

19379

1. Entity ID Number 43838		2. Exact name of the Corporation MICHAEL WEST BUILDERS, INC.									
3. Principal Office Address P.O. Box 504			City Barrington	State RI	Zip 02806						
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island Real estate development									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Michael West			Vice-President Name None								
Street Address P.O. Box 504			Street Address								
City Barrington	State RI	Zip 02806	City	State	Zip						
Secretary Name Michael West			Treasurer Name Michael West								
Street Address P.O. Box 504			Street Address P.O. Box 504								
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Michael West			Director Name None								
Street Address P.O. Box 504			Street Address								
City Barrington	State RI	Zip 02806	City	State	Zip						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>											
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"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	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 Michael West					Date						
Signature of Authorized Representative 											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov