RI SOS Filing Number: 202195467420 Date: 4/2/2021 4:00:00 PM

State of Rhode Island  Department of State - Rusiness Services Similar					LIFFE		
Department of State - Business Services E  Annual Report for the year: 2021  Corporation			VISION			APR 0.2 2021	18
→ Filing period: January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe		led by April 1.			BY_	0	
1. Entity ID Number 102493	2. Exact name of the Corporation  COLONIAL BLDG INC						
Principal Office Address	OCEONIAL	<del>DEDO INC</del>	City		State	Zip	
1845 Smith Street			No. Provide	ence	RI	02911	
5. State of Incorporation	RENTAL	on of the character	r of business o	onducted in Rhode Isla	and	•	
7. List ALL officers (names and addresses)  President Name  Vice-President Name					e box to in	ndicate an attachr	ment 🗆
Jeffrey M. Marwel	same						
Street Address 26 JFK Circle	Street Address						
<sup>City</sup> No Providence	State RI	<sup>Zip</sup> 02904	City		State	Žip	
Secretary Name same	Treasurer Name						
Street Address	Street Address						
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ac	ddresses)	······································	·	Check th	e box to i	ndicate an attachi	ment 🗆
Director Name Jeffrety M Marwell			Director Name SAME				
Street Address			Street Address				
City	State	Zip	City	<del> , , , , , , , , , , , , , , , , , </del>	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	•	10. Shares Issue			e box to i	ndicate an attachi	ment 🗷
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
Changes require an addittional filling.		100		COMM VOTING-		1.00	
11. This report must be executed o	n behalf of the cor	poration by an aut	horized repres	entative. If the corpora	ition is in t	he hands of a rec	ceiver or
trustee, this report must be execute Under penalty of perjury, I declar	ed on behalf of the	corporation by the	receiver or tr	ustee.			
statements, and that all statemen	nts contained he			ncluding any accomp		cneaules and	
Name of Authorized Representative  Jeffrey M. Marwell					Date 3/30/2021		
Signature of Authorized Represent							
	Vander					<del></del>	) <del>-</del>
MAIL TO: / 0/							

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov