



State of Rhode Island  
 Department of State - Business Services Division

**FILED**

FEB 25 2022

Annual Report for the year: 2022  
 Corporation

BY 2113

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>115535</b>		2. Exact name of the Corporation <b>CIRCA 1700, INC.</b>			
3. Principal Office Address <b>200 Fleetwood Drive</b>			City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
4. NAICS Code <b>238350</b>		6. Brief description of the character of business conducted in Rhode Island <b>17th and 18th century restoration, reproduction and relocation, general construction.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Warren W. Lanpher</b>			Vice-President Name <b>Ellen B. Lanpher</b>		
Street Address <b>200 Fleetwood Drive</b>			Street Address <b>200 Fleetwood Drive</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>Warren W. Lanpher</b>			Treasurer Name <b>Ellen B. Lanpher</b>		
Street Address <b>200 Fleetwood Drive</b>			Street Address <b>200 Fleetwood Drive</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None.</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			<b>100</b>	<b>Common</b>	<b>\$1.00 par value</b>
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 <b>Warren W. Lanpher, President</b>				Date	
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov