



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 BUS SVCS DIV
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2023 APR 26 A 10:06

1. Entity ID Number 000111521		2. Exact name of the Corporation PREMIER HOMES, INC.			
3. Principal Office Address 311 GREENVILLE AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 23311		6. Brief description of the character of business conducted in Rhode Island LAND DEVELOPMENT AND CONSTRUCTION OF RESIDENTIAL AND COMMERCIAL BUILDINGS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KEVIN J. ALMEIDA			Vice-President Name KEVIN J. ALMEIDA		
Street Address 311 GREENVILLE AVENUE			Street Address 311 GREENVILLE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name KEVIN J. ALMEIDA			Treasurer Name KEVIN J. ALMEIDA		
Street Address 311 GREENVILLE AVENUE			Street Address 311 GREENVILLE AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KEVIN J. ALMEIDA			Director Name		
Street Address 311 GREENVILLE AVENUE			Street Address		
City JOHNSTON	State RI	Zip 02919	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
200			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 KEVIN J. ALMEIDA, PRESIDENT					Date 3/24/2023
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.ri.gov

MS FILED 1006
 APR 26 2023
 BY 4990