



State of Rhode Island

Department of State - Business Services Division

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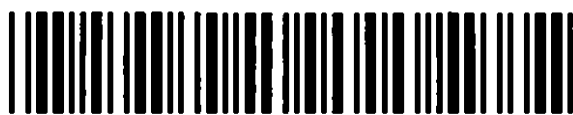
2023 MAY 18 PM 1:35

Annual Report for the year: 2022
Corporation

- 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 <u>001682710</u>		2. Exact name of the Corporation <u>Creative Builders of CT, Inc.</u>			
3. Principal Office Address <u>1477 New Haven Ave</u>		City <u>milford</u>	State <u>CT</u>	Zip <u>06460</u>	
4. NAICS Code <u>236110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Remodeling</u>			
5. State of Incorporation <u>CT</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Peter Arabolas</u>			Vice-President Name		
Street Address <u>1477 New Haven Ave</u>			Street Address		
City <u>milford</u>	State <u>CT</u>	Zip <u>06460</u>	City	State	Zip
Secretary Name			Treasurer Name <u>Adeline Arabolas</u>		
Street Address			Street Address <u>1477 New Haven Ave</u>		
City	State	Zip	City <u>milford</u>	State <u>CT</u>	Zip <u>06460</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES <u>100</u>		CLASS/SERIES
					PAR VALUE <u>0</u>
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 <u>Peter Arabolas</u>				Date <u>04/05/23</u>	
Signature of Authorized Representative <u>Peter Arabolas</u>				FILED MAY 18 2023 BY <u>[Signature]</u> AA 1:30 PM	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



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