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State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 1682891		2. Exact name of the Corporation Bannon Custom Builders Corporation												
3. Principal Office Address 66 Tupper Road		City Sandwich		State MA	Zip 02563									
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island Construct New Single Family Home													
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Paul Bannon			Vice-President Name Laurie Bannon											
Street Address 9 Dewey Avenue			Street Address 9 Dewey Avenue											
City Sandwich	State MA	Zip 02563	City Sandwich	State MA	Zip 02563									
Secretary Name			Treasurer Name Paul Bannon											
Street Address			Street Address 9 Dewey Avenue											
City	State	Zip	City Sandwich	State MA	Zip 02563									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name none			Director Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name none			Director Name none											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">CWP</td> <td style="text-align: center;">1.000</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CWP	1.000			
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		100	CWP	1.000										
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 Laurie Bannon					Date 10/2/23									
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

FILED

DEC 26 2023

FORM 630- Revised: 04/2023

BY 8QYTN