RI SOS Filing Number: 202444543000 Date: 1/22/2024 2:40:00 PM

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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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	2. Exact name of the Corporation			
001668629	Express Homes, Inc.			
3. Principal Office Address		City	State	Zip
1586 Winchester Ave		Martinsburg	WV	25405
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236110	Sell modular homes			
5. State of Incorporation				
WV				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Kenneth B. Semler			None		
Street Address			Street Address		
1586 Winchester Ave			1586 Winchester Ave		
City	State	Zip	City	State	Zip
Martinsburg	WV	25405	Martinsburg	WV	25405
Secretary Name			**Treasurer Name**		
Tamil Semler			Kenneth B. Semler		
Street Address			Street Address		
1586 Winchester Ave			1586 Winchester Ave		
City	State	Zip	City	State	Zip
Martinsburg	WV	25405	Martinsburg	WV	25405

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Billie Semler			Nelson Semler		
Street Address			Street Address		
1586 Winchester Ave			1586 Winchester Ave		
City	State	Zip	City	State	Zip
Martinsburg	WV	25405	Martinsburg	WV	25405
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 ☐		
This Information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	30	CWP	$100.0000

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		Date
Kenneth B. Semler	FILED 2:40	11/21/2023
Signature of Authorized Representative	JAN 22 2024	

BY JJ4E3 KS

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

FORM 630- Revised: 04/2023