



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

FEB 15 2024

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

BY 1019

1. Entry ID Number <u>21719</u>		2. Exact name of the Corporation <u>PRECISION HOME BLDGS INC</u>	
3. Principal Office Address <u>50 HYDE STREET</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02920</u>	
4. NAICS Code <u>236200</u>	6. Brief description of the character of business conducted in Rhode Island <u>BUILDING, DEVELOPING, LEASING AND GENERALLY DEALING IN REAL ESTATE</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>PASCO J. BUCCI</u>		Vice-President Name <u>Michael J. Bucci</u>	
Street Address <u>50 HYDE ST</u>		Street Address <u>50 HYDE ST</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>
			State <u>RI</u>
			Zip <u>02920</u>
Secretary Name <u>MARIA L. BUCCI</u>		Treasurer Name <u>PASCO J. BUCCI</u>	
Street Address <u>50 HYDE ST</u>		Street Address <u>50 HYDE ST</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>
			State <u>RI</u>
			Zip <u>02920</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>PASCO J. BUCCI</u>		Director Name <u>Michael J. Bucci</u>	
Street Address <u>50 HYDE ST</u>		Street Address <u>50 HYDE ST</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>
			State <u>RI</u>
			Zip <u>02920</u>
Director Name <u>MARIA L. BUCCI</u>		Director Name <u>Michael J. Bucci</u>	
Street Address <u>50 HYDE ST</u>		Street Address <u>50 HYDE ST</u>	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>
			State <u>RI</u>
			Zip <u>02920</u>
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/PER.FS
		<u>100</u>	<u>COMMON</u>
			<u>NO PAR</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>PASCO J. BUCCI</u>			Date <u>2-12-24</u>
Signature of Authorized Representative <u>Pasco J. Bucci</u>			

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