



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation: _____

FEB 15 2024
BY [Signature] P

- 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 001676876		2. Exact name of the Corporation American Mobile Homes, Inc.			
3. Principal Office Address 51 Moore Road			City Weymouth	State MA	Zip 02189
4. NAICS Code 321991		6. Brief description of the character of business conducted in Rhode Island To provide temporary mobile homes to families to reside in who have suffered a house fire or other disasters.			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Francis V. Ward, III			Vice-President Name None		
Street Address 16 U.S. Bates Road			Street Address		
City Hingham	State MA	Zip 02043	City	State	Zip
Secretary Name Joanne Sieminski			Treasurer Name William J. Garrity, Jr.		
Street Address 41 Orchard Hill Road			Street Address 25 Kimball Beach Road		
City Plymouth	State MA	Zip 02360	City Hingham	State MA	Zip 02043
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Francis V. Ward, III			Director Name William J. Garrity, Jr.		
Street Address 16 U.S. Bates Road			Street Address 25 Kimball Beach Road		
City Hingham	State MA	Zip 02043	City Hingham	State MA	Zip 02043
Director Name Joanne Sieminski			Director Name Kathleen M. Ward		
Street Address 41 Orchard Hill Road			Street Address 16 U.S. Bates Road		
City Plymouth	State MA	Zip 02360	City Hingham	State MA	Zip 02043
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
		100		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 Francis V. Ward, III					Date 2/8/24
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
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