



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.

FILED

FEB 15 2024

BY

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| | | | | | |
|--|-------------|--|---|--------------|----------------|
| 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 This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | 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 | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021