RI SOS Filing Number: 202447014390 Date: 2/21/2024 4:00:00 PM

State of Rhode Islan	aa Camiiaaa l	Div.!=!==	HC HC				
Department of S  Annual Report for the year: Corporation	2024	ess dervices i	UIVISION		RIDOS 21 PK2		
→ Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00		filed by May 21			8S9   124:59	i i	
1. Entity ID Number		of the Corporation					
000061567		land Homes	s, Inc.		<u>.</u>		
Principal Office Address     2220 Mendon Road			City Cumb	erland	State RI	<sup>Zip</sup> 02864	
4. NAICS Code	<ol><li>Brief descrip</li></ol>	otion of the charact	er of busine	ss conducted in Rhoo	te Island		
236115	Development and construction of residential and commercial properties.						
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Ann Marie Mazzone			Vice-President Name Ann Marie Mazzone				
Street Address 2 Hinckley Road			Street Address 2 Hinckley Road				
<sup>City</sup> Milton	State MA	<sup>Zip</sup> 02186	<sup>City</sup> Milton		State MA	<sup>Zip</sup> 02186	
Secretary Name Ann Marie Mazzone			Treasurer Name Ann Marie Mazzone				
Street Address 2 Hinckley Road			Street Address 2 Hinckley Road				
<sup>City</sup> Milton	State MA	<sup>Zip</sup> 02186	City Milton		State MA	<sup>Z</sup> i02186	
8. List ALL directors (names and				Check th	e box to indicate a	n attachment 🔲	
Director Name Ann Marie Mazzone			Director Name				
Street Address 2 Hinckley Road			Street Address				
<sup>City</sup> Milton	State MA	<sup>Zip</sup> 02186	City		State	Zip	
Director Name				Director Name			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issu			the box to indicate an attachment 🔲		
This information is currently of record in the Department of State. Changes require an additional filing.		100	SHARES	Common	T T	No Par	
11. This report must be executed ceiver or trustee, this report must					prporation is in the	hands of a re-	
Under penalty of perjury, I deci	are and affirm th	at I have examine	d this repo		companying sche	dules and	
statements, and that all statem Name of Authorized Representati		ierein are true and	d correct.		Date		
Ann Marie Mazzone				FILED	2 - 20	14	
Signature of Authorized Represer	ntative			FER <b>2</b> 1 2024			
MAIL TO:							
Division of Business Services				7X86F	· <del>-</del>		

Phone: (401) 222-3040 Website: www.sos.n.gov