RI SOS Filing Number: 202449121870 Date: 3/18/2024 4:00:00 PM

State of Rhode Island							FILED				
	Department of State - Business Services Division							MAR 1 8 2024			
Annual Report for the year: 2024 Corporation							_	$\bigcap C$	120		
Filling 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								$\overline{}$			
709947 Evergreen Homes, Inc.											
3. Principal	Office Address			State		Zip					
5420 Jacks Court				Catonsville			MD		21228		
4. NAICS Co	4. NAICS Code 6. Brief description			on of the character of business conducted in Rhode Island							
236115		New Home Construction.									
L	5. State of Incorporation										
Maryland											
7. List ALL officers (names and addresses) President Name					Check the box to indicate an attachment Vice-President Name						
Brian G. Macari											
Street Address 5420 Jacks Court					Street Address						
	Catonsville State MD		^{Zip} 21228	City			State		Zip		
Secretary Name			21220	Treasurer I	Treasurer Name						
0	Chart Address										
Street Address					Street Address						
City		State	Zip City			State		Zip			
List ALL directors (names and addresses)					. (Check the box	to indi	cate an atta	chment 🔲		
Director Name Brian G. Macari Director Name											
Street Address 5420 Jacks Court					Street Address						
				City State Zip							
^{City} Caton	sville 	MD MD	^{Zip} 21229	, , , , , , , , , , , , , , , , , , ,							
Director Name				Director Name							
Street Address				Street Address							
City		State	Zip	City		 	State		Zip		
9. Shares Au	uthorized		10. Shares Issu	od .		Check the box	to ind	icate an att	achment 🗖		
This information is currently of record in the Department of State.		NUMBER OF S				PAR VALUE					
			1,000		STK		\$1.00				
Changes require an additional filing.											
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-											
ceiver 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 Brian G. Macari, President 2/1/-								1.1.	,		
Signature of Authorized Representative									<i>t</i>		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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