



**State of Rhode Island
Department of State - Business Services Division**

APR 08 2024 STAMP

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.

1167

SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001756246		2. Exact name of the Corporation Chilomer Custom Builders & Design, Inc.			
3. Principal Office Address 1170 East Main Road, Unit 1			City Portsmouth	State RI	Zip 02871
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Contractors and designers of real property			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marek Chilomer			Vice-President Name Dominik Chilomer		
Street Address 60 Riverside Avenue			Street Address 837 Wapping Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Marek Chilomer			Treasurer Name Dominik Chilomer		
Street Address 60 Riverside Avenue			Street Address 837 Wapping Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marek Chilomer			Director Name		
Street Address 60 Riverside Avenue			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name Dominik Chilomer			Director Name		
Street Address 837 Wapping Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
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/STYPES	PAR VALUE	
		500	CNP	0.00	
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 Marek Chilomer				Date 3/27/2024	
Signature of Authorized Representative 					

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