



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
OR
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 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES 500 | CLASS/SERIES CNP | PAR VALUE 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

FORM 630- Revised: 12/2023