



State of Rhode Island
Department of State - Business Services Division

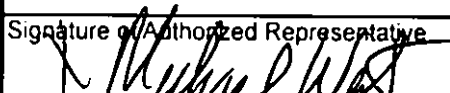
FILED

APR 12 2024

BY 1987/DS

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.

1. Entity ID Number 43838		2. Exact name of the Corporation MICHAEL WEST BUILDERS, INC.			
3. Principal Office Address P.O. Box 504		City Barrington		State RI	Zip 02806
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island Real estate development			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael West			Vice-President Name None		
Street Address P.O. Box 504			Street Address		
City Barrington		State RI	Zip 02806	City	
Secretary Name Michael West			Treasurer Name Michael West		
Street Address P.O. Box 504			Street Address P.O. Box 504		
City Barrington		State RI	Zip 02806	City Barrington	
State RI		Zip 02806		State RI	
Zip 02806		Zip 02806		Zip 02806	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael West			Director Name None		
Street Address P.O. Box 504			Street Address		
City Barrington		State RI	Zip 02806	City	
State RI		Zip 02806		State	
Zip 02806		Zip 02806		Zip	
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		Zip		Zip	
9. Shares Authorized			10. Shares Issued 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.			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 Michael West				Date 4/8/24	
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