

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

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

FILED
MAY 31 2024
BY [Signature]

1. Entity ID Number 00170747 1710747		2. Exact name of the Corporation Homes By Shane, Inc					
3. Principal Office Address 118 Sawyer Ave				City East Greenwich		State RI	Zip 02818
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate and all activities incidental thereto					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Shane Feeney				Vice-President Name Shane Feeney			
Street Address 118 Sawyer Ave				Street Address 118 Sawyer Ave			
City East Greenwich		State RI	Zip 02818		City East Greenwich		State RI
Secretary Name Shane Feeney				Treasurer Name Shane Feeney			
Street Address 118 Sawyer Ave				Street Address 118 Sawyer Ave			
City East Greenwich		State RI	Zip 02818		City East Greenwich		State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		State
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		State
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
			1000		CNP		.0100
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. <i>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.</i>							
Name of Authorized Representative Shane Feeney						Date 5/29/2024	
Signature of Authorized Representative <i>[Signature]</i>							

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