



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD STAMP

JAN 27 2025

BY 789116

1. Entity ID Number 001676876		2. Exact name of the Corporation American Mobile Homes, Inc.												
3. Principal Office Address 51 Moore Road			City Weymouth	State MA	Zip 02189									
4. NAICS Code 321991		6. Brief description of the character of business conducted in Rhode Island To provide temporary mobile homes to families to reside in who have suffered a house fire or other disasters.												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Francis V. Ward, III			Vice-President Name None											
Street Address 16 U.S. Bates Road			Street Address											
City Hingham	State MA	Zip 02043	City	State	Zip									
Secretary Name Joanne Sieminski			Treasurer Name William J. Garrity, Jr.											
Street Address 41 Orchard Hill Road			Street Address 25 Kimball Beach Road											
City Plymouth	State MA	Zip 02360	City Hingham	State MA	Zip 02043									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Francis V. Ward, III			Director Name William J. Garrity, Jr.											
Street Address 16 U.S. Bates Road			Street Address 25 Kimball Beach Road											
City Hingham	State MA	Zip 02043	City Hingham	State MA	Zip 02043									
Director Name Joanne Sieminski			Director Name Kathleen M. Ward											
Street Address 41 Orchard Hill Road			Street Address 16 U.S. Bates Road											
City Plymouth	State MA	Zip 02360	City Hingham	State MA	Zip 02043									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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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 Francis V. Ward, III					Date 1/20/25									
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