RI SOS Filing Number: 202564942590 Date: 2/14/2025 12:14:00 PM

State of Rhode Island Department of Sta Annual Report for the year:	s Services I							
Corporation ————————————————————————————————————			2025 FEB 14 PM 12: 09					
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	ee if form is not fi	led by May 31						
1. Entity ID Number 001677470	2. Exact name of the Corporation HOUSEWRIGHTS DESIGN BUILD CORP.							
Principal Office Address     S63 CEDAR AVE	City	GREENWICH	State RI		Zip 02818			
4. NAICS Code	6. Brief description	on of the charact	er of busines	s conducted in Rhode I	sland	<del></del>	<u> </u>	
236118	TO BUILD, REMODEL, FIX AND OR UPDATE BOTH RESIDENTIAL AND							
5. State of Incorporation RI	COMMERCIAL PROPERTY.							
7. List ALL officers (names and add	Check the box to indicate an attachment							
President Name CHARLES DANIEL MCLAUGHLIN			Vice-Presid	Vice-President Name GLENN ANDREW BUIE				
Street Address 363 CEDAR AVE			Street Address 37 BLAISDELL AVE					
City EAST GREENWICH	State RI	<sup>Zip</sup> 02818	City	VTUCKET	State	RI	Zip 02860	
Secretary Name	<u></u> _		Treasurer Name U2860					
Street Address			Street Address					
City	State	Zip	City		State	<del></del>	Zip	
8. List ALL directors (names and ad	dresses)			Check the b	ox to indi	cate an att	achment [	
Director Name			Director Na	ame		<u>.</u>		
Street Address			Street Address					
City	State	Zip	City	State			Zip	
Director Name			Director Na	Director Name			· .	
Street Address			Street Address					
City	State	Zip	City	City			Zip	
		10. Shares Issu						
Department of State.  Changes require an additional filing.		NUMBER OF SHARES		STK CLASS/SERIES		\$0.01		
11. This report must be executed or	n behalf of the cor	poration by an a	uthorized reg	I presentative. If the corpo	ration is	I in the hand	ds of a re-	
ceiver or trustee, this report must be Under penalty of perjury, I declar	e executed on bet	nalf of the corpor	ation by the	receiver or trustee.				
statements, and that all statemen	its contained her			- FILED				
Name of Authorized Representative  CHARLES DANIEL MCLAUGHLIN					Date /	-13-	25	

Signature of Authorized Representative

TFEB 1 4 2025

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1214

FORM 630- Revised 12/2023