



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2025 FEB 14 PM 12:09

1. Entity ID Number 001677470		2. Exact name of the Corporation HOUSEWRIGHTS DESIGN BUILD CORP.	
3. Principal Office Address 363 CEDAR AVE		City EAST GREENWICH	State RI
		Zip 02818	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island TO BUILD, REMODEL, FIX AND OR UPDATE BOTH RESIDENTIAL AND COMMERCIAL PROPERTY.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name CHARLES DANIEL MCLAUGHLIN		Vice-President Name GLENN ANDREW BUIE	
Street Address 363 CEDAR AVE		Street Address 37 BLAISDELL AVE	
City EAST GREENWICH	State RI	City PAWTUCKET	State RI
Zip 02818		Zip 02860	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		100	STK \$0.01
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. FILED			
Name of Authorized Representative CHARLES DANIEL MCLAUGHLIN			Date FEB 14 2025
Signature of Authorized Representative <i>Charles Daniel McLaughlin</i>			BY <i>AEXMA</i>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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