State of Rhode Island
Department of State - Business Services Division

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2025 FEB 14 PM 12:09

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.

1. Entity ID Number	2. Exact name of the Corporation		
001677470	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) — Check the box to indicate an attachment ☐

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	Zip: 02818	City: PAWTUCKET	State: RI	Zip: 02860
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	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		Date
CHARLES DANIEL MCLAUGHLIN	FEB 14 2025	✓ 1-13-25
Signature of Authorized Representative: ✓ C.D. McLaughlin	BY AEXMA	

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MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 Revised 12/2023