



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.

FILED
MAR 04 2025
BY 24221

1. Entity ID Number 000020623		2. Exact name of the Corporation ISLAND DESIGN HOMES, INC.			
3. Principal Office Address 210 CEDAR AVENUE		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island THE CONSTRUCTION AND SALE OF RESIDENTIAL REAL ESTATE			
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 MICHAEL L. RINKEL			Vice-President Name		
Street Address 210 CEDAR AVENUE			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name LORI A. RINKEL			Treasurer Name MICHAEL L. RINKEL		
Street Address 210 CEDAR AVENUE			Street Address 210 CEDAR AVENUE		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		100	COMMON	NO PAR	
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 LORI A. RINKEL				Date 2/26/25	
Signature of Authorized Representative 					

MAIL TO:
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