



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 329
 SECRETARY OF STATE

1. Entity ID Number 000116458		2. Exact name of the Corporation NORMAN A. MACHON CUSTOM BUILDERS, INC.			
3. Principal Office Address 158 Glen Roack Road			City Exeter	State RI	Zip 02822
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island FOR THE CONSTRUCTION OF CUSTOM HOMES.			
5. State of Incorporation RHODE ISLAND					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
President Name NORMAN A. MACHON, JR.			Vice-President Name PAMELA J. MACHON		
Street Address 158 Glen Rock Road			Street Address 158 Glen Rock Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name PAMELA J. MACHON			Treasurer Name NORMAN A. MACHON, JR.		
Street Address 158 Glen Rock Road			Street Address 158 Glen Rock Road		
City Exeter,	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name NORMAN A. MACHON, JR.			Director Name PAMELA J. MACHON		
Street Address 158 Glen Rock Road			Street Address 158 Glen Rock Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		50	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. <i>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.</i>					
Name of Authorized Representative NORMAN A. MACHON, JR., PRESIDENT				Date 2/21/25	
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