



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 MAR 26 A 11:00

1. Entity ID Number <u>00058592</u>		2. Exact name of the Corporation <u>Arch Design Builders INC.</u>	
3. Principal Office Address <u>579 Main ST</u>		City <u>Hopkinton</u>	State <u>RI</u>
		Zip <u>02832</u>	
4. NAICS Code <u>236110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Remodeling company</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Edward Cekala</u>		Vice-President Name <u>Rozanne Cekala</u>	
Street Address <u>579 Main ST</u>		Street Address <u>579 Main ST</u>	
City <u>Hopkinton</u>	State <u>RI</u>	City <u>Hopkinton</u>	State <u>RI</u>
Zip <u>02832</u>		Zip <u>02832</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>0</u>	CLASS/SECTORS <u>0</u>
		PAR VALUE	
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 <u>Edward J. Cekala Jr</u>		Date <u>3/24/25</u>	
Signature of Authorized Representative <u>Edward J. Cekala Jr</u>			

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

FORM 630- Revised: 12/2023

FILED

MAR 26 2025

BY CSTVT

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