



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.

REC'D RIDGS BSC
25 MAY 2025 11:34:41
STATE

1. Entity ID Number 000073557		2. Exact name of the Corporation Orchard Oaks Builders, Inc.			
3. Principal Office Address 10 Orchard Avenue		City Greenville		State RI	Zip 02828
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Business of Builders and Contractors			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Albert S. Gizzarelli			Vice-President Name Sharon A. Gizzarelli		
Street Address 10 Orchard Avenue			Street Address 10 Orchard Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Sharon A. Gizzarelli			Treasurer Name Albert S. Gizzarelli		
Street Address 10 Orchard Avenue			Street Address 10 Orchard Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Albert S. Gizzarelli			Director Name Sharon A. Gizzarelli		
Street Address 10 Orchard Avenue			Street Address 10 Orchard Avenue		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name Albert S. Gizzarelli, Jr.			Director Name NONE		
Street Address 116 Swan Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	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		
			CLASS/SERIES		
			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 Sharon A. Gizzarelli, Executrix of the Estate of Albert S. Gizzarelli					Date 05-09-2025
Signature of Authorized Representative <i>Sharon A. Gizzarelli</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

FILED

MAY 19 2025
BY *00414*
EG

FORM 630- Revised: 12/2023