RI SOS Filing Number: 202577365410 Date: 8/1/2025 4:00:00 PM

E CANA	

State of Rhode Island

Department of State - Business Services Division

STAMP

Annual	Report f	or the y	ear:	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.

RECEIVED REARY DESTRUCTION OF STATE BUS SVCS DIV

Prenaity. Additional \$25.00 to	ee ii ionni is noi	Cilled by May 51.			30 0 1 <u>9 5 1:11</u>			
Entity ID Number	2. Exact name of the Corporation							
000120881	K870	F RHobe Ist	LAND IN	مه عدد. 2025 AUG - 1 A II: ۱٦				
3. Principal Office Address			City_	_	State	Zıp		
245 KANFMAN ROAD			True	aton	R.E.	02878		
4. NAICS Code	6. Brief descrip	otion of the characte	er of busines	s conducted in Rho	ode Island			
235500	New Home Constanction and Remodeling							
5. State of Incorporation	1 10 26 1	HOME CONSTRUCT	سريم حيان ان	n Kemobelim	7			
R.I.		_						
List ALL officers (names and add President Name	lresses)		Ivino Dropid		he box to indicate a	n attachment 🔲		
JAMES MARCOUX			Vice-President Name Kennesh Farand					
Street Address 245 KAUFMAN ROAD			Street Address 88 Corol/1995 ST					
CITY TIVERTON	State R.T.	Zip 02878	City Su	Ansea	State MA,	Zip 02.277		
ecretary Name		•	Treasurer Name					
Street Address			Street Address ///					
City	State	Zıp	City	· · · · · · · · · · · · · · · · · · ·	State	Zip		
8. List ALL directors (names and ac	dresses)			Check t	he box to indicate a	n attachment 🔲		
Director Name			Director Na	ıme				
Street Address			Street Address					
City	State	Zip	City	1///	State	Žip		
Director Name	,		Director Na	ime F		•		
Street Address			Street Address					
City	State	Zıp	City		State	Žip		
9. Shares Authorized 10. Shares Is		10. Shares Issu	Ssued Check the box to indicate an attachment					
This information is currently of recor Department of State.	d in the			CLASSA	SERIES	PAR VALUE		
Department of State.								
Changes require an additional filing.								
11. This report must be executed or	n behalf of the o	corporation by an au	thorized rep	resentative. If the o	corporation is in the	hands of a re-		
ceiver or trustee, this report must b	e executed on b	ehalf of the corpora	ation by the r	eceiver or trustee.				
Under penalty of perjury, I declar statements, and that all statemen	nts contained h			t, including any ad	companying sche	dules and		
Name of Authorized Representative					Date /	,		
James MARLOUX			FILED			2025		
Signature of Authorized Representa	ative							
James macco	my		AUG	1 2025				
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov