RI SOS Filing Number: 202033722520 Date: 2/4/2020 4:00:00 PM State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: 3030 Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 -> Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 2. Exact name of the Corporation 000012018 EDGEWOOD HOME BUILDERS, INC. 3. Principal Office Address City State Zip 14 CARDINAL ROAD **CRANSTON** RI 02921 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 236118 building contractor State of Incorporation RI 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name
Alfred S. Meloccaro Vice-President Name Mary Jane Meloccaro Street Address
14 Cardinal Road Street Address
14 Cardinal Road State RI State RI City 14 Cardinal Road ^{Ζιρ} 02921 ^{Zip} 02921 City Cranston Secretary Name Wendy A. Catalfamo Treasurer Name Alfred S. Meloccaro Street Address 14 Cardinal Road Street Address 15 Meadow Lark Drive City Cranston State RI State RI Zip 02921 Zip **02921** City 14 Cardinal Road 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name
Alfred S. Meloccaro Director Name Mary Jane Meloccaro Street Address 14 Cardinal Road Street Address 14 Cardinal Road State RI City 14 Cardinal Road ^{Ζiρ} 02921 State City 14 Cardinal Road 02921 Director Name Wendy A. Catalfamo Director Name Street Address 15 Meadow Lark Drive Street Address State RI City Cranston Zip 02921 City State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES PAR VALUE This information is currently of record in the CLASS/SERIES Department of State. 100.00 CNP \$0.0000 Changes require an additional filing. 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

Signature of Authorized Representative

MAIL TO:

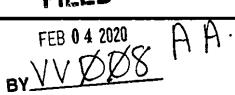
Division of Business Services

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

Wency a Walforna

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

Wendy A. Cataffamo





Date

1/28/20