





STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20242019411 Date Filed: 11/15/2024

Entity Details Corporation Name Hometown Restoration, Inc. 6450257 Entity No. Formed In **CALIFORNIA** Street Address of Principal Office of Corporation **Principal Address** 1740 WESLEY AVE EL CERRITO, CA 94530 Mailing Address of Corporation Mailing Address 1740 WESLEY AVE

EL CERRITO, CA 94530

Attention

Street Address of California Office of Corporation

Street Address of California Office 1740 WESLEY AVE EL CERRITO, CA 94530

Officers

| Officer Name | Officer Address | Position(s) |
|----------------------|-----------------------------------------|-------------------------------------------------------------|
| + Nicholas Soldavini | 1740 WESLEY AVE EL CERRITO, CA 94530 | Chief Executive Officer, Chief Financial Officer, Secretary |

Additional Officers

| | Officer Name | Officer Address | Position | Stated Position |
|--------------|--------------|-----------------|----------|-----------------|
| None Entered | | | | |

Directors

| Director Name | Director Address |
|----------------------|-----------------------------------------|
| + Nicholas Soldavini | 1740 WESLEY AVE EL CERRITO, CA 94530 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name Nicholas Soldavini Agent Address 1740 WESLEY AVE EL CERRITO, CA 94530

Type of Business

Type of Business Construction Site Restoration Services and Consulting

Email Notifications

Opt-in Email Notifications Yes, I opt-in to receive entity notifications via email.

Labor Judgment

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

| Electronic Signature | | | | | |
|--------------------------------------------------------------------------------------------------------------------------|------------|--|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | | |
| | | | | | |
| Nicholas Soldavini | 11/15/2024 | | | | |
| Signature | Date | | | | |
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