



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

| | | | | |
|--|-------------|---|--------------------|--------------|
| 1. Corporate ID No. 88764 | | 2. Name of Corporation A.M. Construction, Inc. | | |
| 3. Street Address Principal Business Office P.O. Box 596 | | City Greenville | State RI | Zip 02828 |
| 4. Business Phone No. (401) 949-5730 | | 5. State of Incorporation Rhode Island | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To perform all types of carpentry work. | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Jose N. Andrade | | Vice President Name Maria M. Andrade | | |
| Street Address P.O. Box 596 | | Street Address P.O. Box 596 | | |
| City Greenville | State RI | Zip 02828 | City Greenville | State RI |
| Secretary Name Jose N. Andrade | | Treasurer Name Jose N. Andrade | | |
| Street Address P.O. Box 596 | | Street Address P.O. Box 596 | | |
| City Greenville | State RI | Zip 02828 | City Greenville | State RI |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name Jose N. Andrade | | Director Name | | |
| Street Address P.O. Box 596 | | Street Address | | |
| City Greenville | State RI | Zip 02828 | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | Number of Shares | Class/Series | Par Value |
| | | 200 | | No Par |

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.

FILED

File Date FEB 28 2012

By [Signature]

By: 2741

FOR SECRETARY OF STATE USE ONLY

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.

Signature [Signature] Date 2-20-12

Print or Type Name JOSE ANDRADE

Title PRESIDENT