



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>63937</b>		2. Exact name of the Corporation <b>SAN ANTONIO Builders, INC (487210)</b>	
3. Principal office address <b>145 Widow Sweets Rd</b>		City <b>Exeter</b>	State <b>RI</b>
4. Business Phone No. <b>401-397-9939</b>		Zip <b>02822</b>	
5. State of Incorporation <b>R. I.</b>			
6. Brief description of the character of business conducted in Rhode Island <b>INSTALLING WATER Gardens + Fish Ponds</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>David SAN ANTONIO</b>		Vice-President Name <b>PATRICIA SAN ANTONIO</b>	
Street Address <b>145 Widow Sweets Rd</b>		Street Address <b>145 Widow Sweets Rd</b>	
City <b>Exeter</b>	State <b>RI</b>	City <b>Exeter</b>	State <b>RI</b>
Zip <b>02822</b>		Zip <b>02822</b>	
Secretary Name <b>Gloria SAN ANTONIO</b>		Treasurer Name <b>DAVID SAN ANTONIO</b>	
Street Address <b>137 Widow Sweets Rd</b>		Street Address <b>145 Widow Sweets Rd</b>	
City <b>Exeter</b>	State <b>RI</b>	City <b>Exeter</b>	State <b>RI</b>
Zip <b>02822</b>		Zip <b>02822</b>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED <b>300 Comm No Par Value</b>			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
<b>NONE</b>			
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.			

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JAN 31 2018**

*656a*

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.

*David San Antonio*  
 Signature of Authorized Representative

**1/29/18**  
 Date

**DAVID SAN ANTONIO**  
 Print or Type Name of Authorized Representative