



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
701-222-3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 112331		2. Name of Corporation Barnes Building and Remodeling Incorporated			
3. Street Address Principal Business Office PO Box 334			City Chepachet	State Rhode Island	Zip 02814
4. Business Phone No. 401 265-1261		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Residential and Commercial Construction and Remodeling					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen J. Barnes			Vice President Name none		
Street Address PO Box 334			Street Address		
City Chepachet	State Rhode Island	Zip 02814	City	State	Zip
Secretary Name Stephen J. Barnes			Treasurer Name Stephen J. Barnes		
Street Address PO Box 334			Street Address PO Box 334		
City Chepachet	State Rhode Island	Zip 02814	City Chepachet	State Rhode Island	Zip 02814
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen J. Barnes			Director Name		
Street Address PO Box 334			Street Address		
City Chepachet	State Rhode Island	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 no par value			one		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.

File Date	FILED
Check No.	SEP 4 2007
By:	162
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.

8/22/07
Signature Date

Stephen J. Barnes

Print or Type Name

President

Title