

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

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. 155441	2. Name of Corp	2. Name of Corporation Richard Anthony's Interior Remodeling & Restoration Company						
3. Street Address Principal Busines	s Office	andiony's interior Remode	City	State	Хip			
P. O. Box 19595			Johnston	RI	02919			
4. Business Phone No. 5. State of Incorpora		0n		<u> </u>				
(401) 458-1759 RHODE ISLA		RHODE ISLA	ND.					
6. Brief Description of the Charact		ted in Rhode Island	" 					
General Contrac 7. NAMES AND ADDRESSE President Name	ting. IS OF THE OFFI	CERS: ("X" BOX FOR AT	TTACHMENT) [] FILL IN SP	ACES BEFORE USING	ATTACHMENTS			
RICHARD A. DANIELO			RICHARD A. DANIELO					
Street Address			Street Address					
P. O. Box 19595			P. O. Box 19595					
City	State	Zip	City	State	Zip			
Johnston Secretary Name	RI	02919	Johnston	RI	02919			
RICHARD A. DANIELO Street Address P. O. Box 19595			Treasurer Name RICHARD A. DANIELO Street Address P. O. Box 19595					
City	State	Zip	City	State	Zip			
Johnston	RI	02919	Johnston	RI	02919			
8. NAMES AND ADDRESSE	S OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT) TILL IN	SPACES BEFORE USIN	IG ATTACHMENTS			
Director Name RICHARD A. DANI			Director Name					
Street Address			Street Address					
P. O. Box 19595	State	Zip	City		I.e.			
Johnston	RI	02919	Cap	State	Ziţι			
Director Name]1	04919	Director Name					
Street Address			Street Address					
Сіңу	State	Zip	CHy	State	Zip			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
1,000 \$0.01 PAR VALUE			1,000		No Par Value			
This report must be executed this report must be executed the executed	ed on behalf of the	e corporation by an autho	rized representative. If the conver or trustee.	poration is in the hand	Is of a receiver or trustee.			
				panying schedules and st	that I have examined this reportatements, and that all statement			
File Date			Jo/10/07					
Check No. By: FOR SECRETARY OF STATE USE ONLY			RICHARD A. DANIELO Print or Type Name President					
						Title		