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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 _____

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.	2. Name of Corporation			
160323	THOMAS J. GARRAWAY CONTRACTORS, INC.			
3. Street Address Principal Business Office		City	State	Zip
POST OFFICE BOX 859		HUNTINGTOWN	MD	20639
4. Business Phone No.	5. State of Incorporation			
301 855 1869	MARYLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCT ONE SINGLE FAMILY RESIDENCE IN RHODE ISLAND

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
THOMAS J. GARRAWAY			NONE		
Street Address			Street Address		
3935 ROBINSON RD, P.O. BOX 859					
City	State	Zip	City	State	Zip
HUNTINGTOWN	MD	20639			
Secretary Name			Treasurer Name		
CARLA S. GARRAWAY			CARLA S. GARRAWAY		
Street Address			Street Address		
3935 ROBINSON ROAD, PO BOX 859			3935 ROBINSON ROAD, PO BOX 859		
City	State	Zip	City	State	Zip
HUNTINGTOWN	MD	20639	HUNTINGTOWN	MD	20639

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100		0

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0		10

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.

[redacted]

[redacted]

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.

Carla S. Garraway
Signature *Date*

CARLA S. GARRAWAY 10/18/07
Print or Type Name

[redacted] SECRETARY
Title

File Date FILED
Check No. OCT 22 2007
By: By 1649
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Form 630 Rev. 12/06

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