



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

**Fee: \$50.00**

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*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.*

**ANNUAL REPORT YEAR:** 2008

**1. Corporate ID No.** 000013008

**2. Name of Corporation** SOUTH COUNTY POST & BEAM, INC.

**3. Street Address Principal Business Office:**

No. and Street: 521 LIBERTY LANE

City or Town: WEST KINGSTON

State: RI

Zip: 02892

Country: USA

**4. Business Phone No.**

401-783-4415

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

CONTRACTOR, CONSTRUCTION

**7. Names and Addresses of the Officers and Directors:**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KENNETH S BOUVIER	466 BARBERS POND ROAD WEST KINGSTON, RI 02892 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.00	500.00	10

**9. 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.**

**Signed this 9 Day of January, 2008 at 10:15:06 AM by the incorporator(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By PAULA A. SPIRITO  
Signature of Authorized Representative of the Corporation

OFFICE MANAGER  
Title

Form No. 630  
Revised 09/07

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