



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 2008

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. 5884		2. Name of Corporation R.J. FERREIRA BUILDER INC.									
3. Street Address Principal Business Office 15 CHURCH LANE		City PORTSMOUTH	State R.I.	Zip 02871							
4. Business Phone No. 401-683-1968		5. State of Incorporation R.I.									
6. Brief Description of the Character of Business Conducted in Rhode Island HOME BUILDER, REMODELING GENERAL CONTRACTOR											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name RAYMOND J. FERREIRA		Vice President Name DAVID R. FERREIRA									
Street Address 15 CHURCH LANE		Street Address 1525 EAST MAIN ROAD									
City PORTSMOUTH	State R.I.	Zip 02871	City PORTSMOUTH	State RI	Zip 02871						
Secretary Name RAYMOND J. FERREIRA		Treasurer Name RAYMOND J. FERREIRA									
Street Address 15 CHURCH LANE		Street Address 15 CHURCH LANE									
City PORTSMOUTH	State R.I.	Zip 02871	City PORTSMOUTH	State RI	Zip 02871						
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name NONE		Director Name NONE									
Street Address NONE		Street Address NONE									
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE						
Director Name NONE		Director Name NONE									
Street Address NONE		Street Address NONE									
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE						
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	
2,000.00		STK		0.00		0.00		STK		0.00	

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.

FILED
Check No. **JAN 22 2008**
By **7160 mnc**
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.

Signature **Raymond J. Ferreira** Date **1-22-08**
Print or Type Name **RAYMOND J. FERREIRA**
Title **President, Treas.**