



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110705 2. Name of Corporation Medeiros Home Improvement, Inc.

3. Street Address Principal Business Office 20 Franca Drive City Bristol State RI Zip 02809

4. Business Phone No. 401-253-6145 5. State of Incorporation Rhode Island 6. SIC Code 257

7. Brief Description of the Character of Business Conducted in Rhode Island  
To carry on the general business of painting, staining, priming outside or inside surfaces of buildings and other structures and to engage in the business of general contracting.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Carlos F. Medeiros	Vice President Name Maria T. Medeiros
Street Address 20 Franca Drive	Street Address 20 Franca Drive
City Bristol State RI Zip 02809	City Bristol State RI Zip 02809
Secretary Name Maria T. Medeiros	Treasurer Name Carlos F. Medeiros
Street Address 20 Franca Drive	Street Address 20 Franca Drive
City Bristol State RI Zip 02809	City Bristol State RI Zip 02809

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Carlos F. Medeiros	Director Name Maria T. Medeiros
Street Address 20 Franca Drive	Street Address 20 Franca Drive
City Bristol State RI Zip 02809	City Bristol State RI Zip 02809
Director Name none	Director Name none
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares Class/Series Par Value	Number of Shares Class/Series Par Value
2000 Comm no par value	1,000 Common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date JAN 28 2008

Check No. \_\_\_\_\_

By DS-8938

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.

Carlos F. Medeiros  
Signature of Officer Date \_\_\_\_\_

Carlos F. Medeiros  
Print or Type Name of Officer

President  
Title of Officer