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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 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.	2. Name of Corporation			
111485	Pascack Builders, Inc.			
3. Street Address Principal Business Office		City	State	Zip
2240 South County Trail, Suite #1		East Greenwich	Rhode Island	02818
4. Business Phone No.	5. State of Incorporation			
401-398-9290	Rhode Island			

6. Brief Description of the Character of Business Conducted 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		
Mark Shovlin					
Street Address			Street Address		
2240 So. County Trail, Suite #1					
City	State	Zip	City	State	Zip
East Greenwich	RI	02818			
Secretary Name			Treasurer Name		
Daniel Shovlin			Daniel Shovlin		
Street Address			Street Address		
7 Hill Avenue			7 Hill Avenue		
City	State	Zip	City	State	Zip
Smithfield	RI	02917	Smithfield	RI	02917

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

Director Name			Director Name		
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 no par value			500	Common	none
			THIS SECTION MUST BE COMPLETED		

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]

FILED
File Date JAN 29 2008
Check No. 028463
By
By:
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.

Mark Shovlin 1/22/08
Signature *Date*

Mark Shovlin
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 12/06