



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

A. Ralph Molits, 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. 116673		2. Name of Corporation Leclerc Builders, LTD		
3. Street Address Principal Business Office 28 Palm Beach Avenue			City Narragansett	State RI
4. Business Phone No. 783-2124			5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island The construction of residential and commercial structures				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jocelyn Leclerc			Vice President Name	
Street Address 28 Palm Beach Avenue			Street Address	
City Narragansett	State RI	Zip 02882	City	State
Secretary Name Jocelyn Leclerc			Treasurer Name Jocelyn Leclerc	
Street Address 28 Palm Beach Avenue			Street Address 28 Palm Beach Avenue	
City Narragansett	State RI	Zip 02882	City Narragansett	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Jocelyn Leclerc			Director Name	
Street Address 28 Palm Beach Avenue			Street Address	
City Narragansett	State RI	Zip 02882	City	State
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
1,000 NO PAR VALUE			Number of Shares	Class/Series
			100	Common
				None

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**

File Date \_\_\_\_\_

Check No. **FEB 27 2008**

By: **9843**

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.

*Jocelyn Leclerc* 2-26-08  
Signature Date  
Jocelyn Leclerc  
Print or Type Name  
President  
Title