



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 2007

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. <u>131452</u> 05-0562140		2. Name of Corporation <u>Construction Proformance, Inc.</u>	
3. Street Address Principal Business Office <u>57 Prospect Hill Ave.</u>		City <u>West Warwick</u>	State <u>RI</u>
4. Business Phone No. <u>(401) 821-2318</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Construction - Framing, drywall and acoustical ceilings</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Maria Rodriguez</u>		Vice President Name <u>Ernesto Estrada</u>	
Street Address <u>59 Prospect Hill Ave.</u>		Street Address <u>59 Prospect Hill Ave.</u>	
City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>West Warwick</u>
Secretary Name <u>Jose A. Ornelas</u>		Treasurer Name	
Street Address <u>Prospect Hill Ave</u>		Street Address	
City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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
<u>10</u>		<u>1.00</u>	<u>10</u>
			<u>1.00</u>

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
AUG 07 2008
By [Signature]
10:47
65270

File Date
Check No.
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.

Signature [Signature] Date 8/4/08
Print or Type Name Maria Rodriguez
Title President