



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 2009

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. 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. 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.					
7. 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
8. 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	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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 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.

File Date	1-6-09
Check No.	2473
By:	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: Carlos F. Medeiros
Date: _____
Print or Type Name: Carlos F. Medeiros
Title: President