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.	2. Name of Corporation			
42726	Christopher Construction Corp.			
3. Street Address Principal Business Office		City	State	Zip
40 Toppa Blvd		Newport	R.I.	02840
4. Business Phone No.	5. State of Incorporation			
(401) 841-9854	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Residential Construction and Remodeling				

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

President Name	Vice President Name
Christopher S. Christopher	None
Street Address: 40 Toppa Blvd	Street Address:
City: Newport · State: RI · Zip: 02840	City · State · Zip
Secretary Name: Christopher S Christopher	Treasurer Name: None
Street Address: 40 Toppa Blvd	Street Address:
City: Newport · State: RI · Zip: 02840	City · State · Zip

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

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

Number of Shares	Class/Series	Par Value
1,000	No PAR VALUE	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	common	No Par Value

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 13 2009

Check No.: BY: 3429

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.

Christopher S. Christopher — 12 Jan 09
Signature *Date*

Christopher S. Christopher
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 12/06