



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. 54287		2. Name of Corporation McDaniel Builders, Inc.			
3. Street Address Principal Business Office 41 HEYWOOD LANE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-232-5856		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island General contracting in the home improvement industry					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name TIMOTHY MCDANIEL			Vice President Name TIMOTHY MCDANIEL		
Street Address 41 HEYWOOD LANE			Street Address 41 HEYWOOD LANE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name TIMOTHY MCDANIEL			Treasurer Name TIMOTHY MCDANIEL		
Street Address 41 HEYWOOD LANE			Street Address 41 HEYWOOD LANE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name TIMOTHY MCDANIEL			Director Name		
Street Address 41 HEYWOOD LANE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			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.

File Date	1-14-09
Check No.	245
By:	<i>mnc</i>
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.

*Timothy McDaniel* 9/Jan/09  
Signature Date  
TIMOTHY MCDANIEL  
Print or Type Name  
PRESIDENT  
Title