



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. 95564		2. Name of Corporation Thomas Calcagni Home Improvements, Inc.			
3. Street Address Principal Business Office 136 Woodward Road			City Providence	State Rhode Island	Zip 02904
4. Business Phone No. 331 8271		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island residential and commercial construction and masonry and allied fields					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas Calcagni			Vice President Name Thomas Calcagni		
Street Address 136 Woodward Road			Street Address same		
City Providence	State RI	Zip 02904	City same	State same	Zip same
Secretary Name Lynn C. Calcagni			Treasurer Name Lynn C. Calcagni		
Street Address same			Street Address same		
City same	State same	Zip same	City same	State same	Zip same
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas Calcagni			Director Name Lynn C. Calcagni		
Street Address same			Street Address same		
City same	State same	Zip same	City same	State same	Zip same
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 common no par			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 300	Class/Series common	Par Value 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.	3178
By:	MMS
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 Thomas Calcagni	Date 1-13-09
Print or Type Name President	
Title	