

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

140086		Building Company			
3. Street Address Principal Business Office 50 Oceanview Drive			City Middletown	State RI	^{Zip} 02842
4. Business Phone No. 5. State of Incorporation (401) 924-3868 Rhode Island					
6. Brief Description of the Cha To engage in the busi		sted in Rhode Island nd commercial construction	and renovation.		
7. NAMES AND ADDRI	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) 🛮 FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Christopher Synnott Street Address			Stephanie Synnott Street Address		
50 Oceanviefw Drive			50 Oceanview Drive		
cny Middletown	State RI	^{Zip} 02842	City Middletown	State RI	^{Zip} 0284 2
Secretary Name Stephanie Synnott			Treasurer Name Christopher Synnott		
Street Address 50 Oceanview Drive			Street Address 50 Oceanview Drive		
сцу Middletown	State RI	^{Zip} 02842	Gity Middletown	State RI	^{Zip} 02842
8. NAMES AND ADDRE	ESSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) 🗌 FILL II	N SPACES BEFORE USIN	IG ATTACHMENTS
Director Name Christopher Synnott			Stephanie Synnott		
Street Address			Street Address 50 Oceanview Drive		
50 Oceanview Drive	State	Zip	: 50 Oceanview Driv	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Director Name			Director Name		
Street Address			Street Address		
Street Ziutaress			Street Address		
City	State	Zip	City	State	Zip
). SHARES AUTHORIZ	ED			 	
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.			Number of Shares	Class/Series	Par Value
			15	Common	No Par Value
This report must be exe	cuted on behalf of th	e corporation by an authorize	ed representative. If the	corporation is in the hand	ls of a receiver or truste
		e corporation by the receiver			
			Under nenalty of	perjury, I declare and affirm	that I have examined this r
			including any acc	companying schedules and st	
·	~~		contained herein	are true and correct.	10 11.5
File Date	.ED		Herrian	W H. OYTIM	v) 1)13 ,
Check No. ; Å N	6 2000		Signature	sie A Cinha	Date '
1-7	2003		Print or Type Nam	ne A. Synho	'\ +
By:	33/			President	
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