

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(cord)) is

subject to a penalty fee of \$	25.00.			- · ·		
1. Corporate ID No.	Corporate ID No. 2. Name of Corporation					
132536	Pride	CUSTOM BULDIN	6 CORP.			
3. Street Address Principal	Business Office		Сиу	State	Zip	
132536 Pride Cystom Busines 3. Street Address Principal Business Office 627 George Washington Huy, Sik 603 4. Business Phone No. 401-954-4939  6. Brode Island			Lincoln	RI	02865	
4. Business Phone No. 5. State of Incorpo		5. State of Incorporation	m			
401-954-4939 Rhade Isl		intel				
6. Brief Description of the	Character of Business Conduc	ted in Rhode Island		<b>&gt;</b>		
To engag	o in various s	pecialised const	nction activ	1185		
7. NAMES AND ADD	RESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Jada Naver			None			
President Name  Jada Ngyer  Street Address  10 Daiky St. Unit A  City State Zip  Attleboro MA 02703  Secretary Name  None			Street Address			
10 Dailer	y St. Unit A					
City	State	Zip	Сиу	State	Zip	
Attleboro	MA	02703				
Secretary Name	·····		: Treasurer Name	***************************************	<del>-</del>	
None			None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			:			
8. NAMES AND ADD	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	FACHMENT)   FILL II	N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name			Director Name			
Nove			None			
Street Address			Street Address			
			:			
Сйу	State	Zip	City	State	Zip	
•						
Director Name		d	Director Name			
Nove			None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHOR	HIZED	•	10. SHARES ISSUED	"X" BOX FOR ATTAC	HMENT)	
1.000			ISSUED SHARES — THIS SI	ECTION MUST BE COMPLETED	)	
			Number of Shares	Class/Series	Par Value	
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.			100	0	G	
				}		
This report must be a	avacuted on babolf of th	e corporation by an authorize	d representative. If the	corneration is in the band	s of a receiver or tweet	
		e corporation by an authorize corporation by the receiver		corporation is in the nanc	is of a receiver of trustee,	
and report must be of	accused on bollati of the	corporation by the receiver	or master.			
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					that I have examined this repo	
FII_F	ED				atements, and that all statement	
			contained herein a	are true and correct.		
File Date JAN 23	2000		1 %	H name	1-21-109	
JAN &	C000		Signature		1 - 21 - 09 Date	
Check No	<u>ي حرب </u>		, V			
Sy V			Jada No	Juger .		
Ву:			Print or Type Name	<i>y</i> .		
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FOR SECRETA	RY OF STATE USE ONLY	•	Title	<del>7</del>		