

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.

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East Greenwich RI 02818  7. Names of Floor Visit (ACT) 884-1717  8. District of Floor Visit (ACT) 884-1717  8.	52435	Frenchtown Builders, Inc.					
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Matthew J. Osmanski  President  President  President					•		
Matthew J. Osmanski  ***Creek Mobiles***  **Treet Address**  **Treet A		TRI	JU2852				
211 Chimney Rock Road    State   State   O2852   City   North Kingstown   Ri   O2852				:			
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North Kingstown RI 02852 North Kingstown RI 02852  8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMEN Director Name    Director Name   Director Name   Director Name			Zip				
Director Name   Director Name	North Kingstown	RI	02852		1	02852	
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Street Address    Street Address   Street Address							
State Zip City State Zip  9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  10. SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares Class'Series Par Value  1,000 \$1.00 PAR VALUE  0 none none  This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examincheding any accompanying schedules and statements, and the corporation of	Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	Director Name			
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AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  Number of Shares  Class/Series  Proved  None  None  None  Under penalty of perjury, I declare and affirm that I have examinchuding any accompanying schedules and statements, and the contained herein are three and correct.  Signature  Date  Matthew J. Osmanski  Print or Type Name  President	City	State	Zφ	City	State	Zip	
AUTHORIZED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares   Class/Series   Par Value   Number of Shares   Class/Series   Par Value    1,000 \$1.00 PAR VALUE   0   none   none    This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have exartinchating any accompanying schedules and statements, and the contained herein are the and correct.  Signature   Date    Matthew J. Osmanski    Print or Type Name    President	9. SHARES AUTHORIZED	("X" BOX FOR	 ATTACHMENT) ∏	: 10. SHARES ISSUED	 ("X" BOX FOR ATTAG	 CHMENT)	
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