

Mattbew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615

dence, RI 02904-2615 401.222,3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* 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 2. Name of Corporation 123708 B&T Interiors, Inc. 3. Street Address Principal Business Office State 350 Kinsley Avenue, Building 43 Providence RI 02903 4. Business Phone No. 5. State of Incorporation 401-454-7447 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM MILLWORK INSTALLATION 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gary Beaune Gail Beaune Street Address 350 Kinsley Avenue, Street Address 350 Building 43 Kinsley Avenue, Building 43 City Providence 02903 02903 Providence RI Secretary Name Treasurer Name Gary Beaune Gary Beaune Street Address Street Address 350 Kinsley 350 Kinsley Avenue, Avenue, Building Building 43 City State Providence RI 02903 Providence 02903 RΤ 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Addr Street Address City State ZipCityState Zip Director Name None None Street Address Street Address City State ZipCity State Zip9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 COMM NO PAR VALUE 100 Common No Par 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.

-	Under penalty of perjury, I declare and affirm that I have examined this report	rt.
ile Date 2-24-09	including any accompanying schedules and statements, and that all statement contained herein are true and correct.	ıts
Check No. 5391	Signature Date	
the MML	Gary Beaune  Print or Type Name	
FOR SECRETARY OF STATE USE ONLY	President	
TOR OBCREMENT OF BINGE OSE ONE)	Title	_